

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000175102

Entity Name: GENESIS AESTHETICS, LLC

Current Principal Place of Business:

1290 W. MAGNOLIA CIRCLE
DELRAY BEACH, FL 33445

Current Mailing Address:

1290 W. MAGNOLIA CIRCLE
DELRAY BEACH, FL 33445 US

FEI Number: 47-2373220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODWIN, MATTHEW
1290 W. MAGNOLIA CIRCLE
DELRAY BEACH, FL 33445 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MATTHEW GOODWIN

12/21/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GOODWIN, MATTHEW
Address 1290 W. MAGNOLIA CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW GOODWIN

MD

12/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date