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.

APRN

SIGNATURE: GISELLE M GOMEZ

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

1000 BRICKELL AVE 715 MIAMI, FL 33131

Current Mailing Address:

DOCUMENT# L21000276325

Entity Name: M2 AESTHETICS LLC

PO BOX 441475 MIAMI, FL 33144

FEI Number: 87-1259346

Name and Address of Current Registered Agent:

GOMEZ, GISELLE M 1000 BRICKELL AVE 715 MIAMI, FL 33131 US Certificate of Status Desired: Yes

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:

	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AP	Title	AP	
Name	GOMEZ, GISELLE M	Name	LORA, STEPHANIE M	
Address	1000 BRICKELL AVE SUITE 715	Address	1000 BRICKELL AVE SUITE 715	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	