

F20000004720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

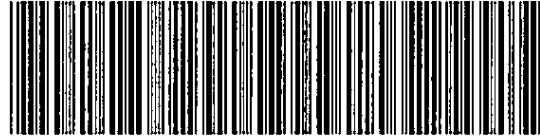
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/21--01010--008 **35.00

2021 DEC 27 PM 3:45

Amend

JAN 12 2022

1 ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MED-AESTHETIC MANAGEMENT GROUP, INC.

Name of Corporation

DOCUMENT NUMBER: F20000004720

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN B. GALLAGHER, ESQ.

Name of Contact Person

JOHN B. GALLAGHER, PA

Firm/Company

2631 E. OAKLAND PARK BLVD. SUITE 201

Address

FORT LAUDERDALE, FLORIDA 33306

City/State and Zip Code

GAL2701@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN GALLAGHER

at (954) 524-1888

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSMIT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F20000004720

(Document number of corporation (if known))

1. MED-AESTHETIC MANAGEMENT GROUP, INC.

(Name of corporation as it appears on the records of the Department of State)

2. WYOMING

(Incorporated under laws of)

3. 10/22/2020

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:


I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

2021 OCT 27 PM 3:45

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	ANTHONY GIORDANO	401 EAST LAS OLAS BLVD, STE 130-356	<input type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33301	<input checked="" type="checkbox"/> Remove
P	ANTHONY GIORDANO	401 EAST LAS OLAS BLVD, STE 130-356	<input type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33301	<input checked="" type="checkbox"/> Remove
P	CRAIG SIENEMA	401 EAST LAS OLAS BLVD, STE 130-356	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Craig Sienema
(Typed or printed name of person signing)

President
(Title of person signing)