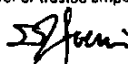


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08 OCT -3 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3001123P

DOCUMENT # L04000049699			
1. Entity Name OPULENCE MEDI SPA L.L.C.		08 OCT -3 AM 11:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA 30011439	
Principal Place of Business 1890 LPGA BLVD, STE 140 DAYTONA BEACH, FL 32114		Mailing Address 1890 LPGA BLVD, STE 140 DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box # 311 N. Clyde Morris Blvd. Suite, Apt. #, etc. 510 City & State Daytona Beach, FL Zip 32114 Country USA		3. Mailing Address Suite, Apt. #, etc. same City & State Zip Country	
6. Name and Address of Current Registered Agent CHOBEE EBBETS, P.A. 210 S BEACH ST, STE 200 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGR LOESSIN, SCOTT J M.D. 1890 LPGA BLVD DAYTONA BEACH, FL 32117 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 311 N. Clyde Morris Blvd, Suite 510 Daytona Beach, FL 32114 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP 000136933460 10/15/08--01003--016 **538.75 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.			
SIGNATURE: 		9 Sept 08 386 451-2543	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	