## L08000011083

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## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Skin Evolution LLC Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Dr Belly Bellman Name of Person  Skin Evolution LLC Firm/Company  4302 Alton Road 105 #- Address  Miami Beach FL 33140.  City/State and Zip Code  Dellman 5649 ATT. NET  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Dr Bethy Bellman Name of Person  at (305) 534 8480.  Area Code & Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Building P.O. Box 6327 Tallalbassee, Florida 32314		The same of the sa
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Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327	Name of Person	\
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Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314	<u>-</u>	
		Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	Enclosed is a check for the following a	mount:
□ \$25 Filing Fee	•	•



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2012

DR. BETTTY BELLMAN 4302 ALTON ROAD SUITE 705 MIAMI BEACH, FL 33140

SUBJECT: SKIN EVOLUTION LLC Ref. Number: L08000011083

We have received your document for SKIN EVOLUTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 612A00027619

Neysa Culligan
Regulatory Specialist II

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www.sunbiz.org

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursuant to the provisions of sections 608:416 or 608.3 liability company submits the following statement in orde agent, or both, in the State of Florida.	er to change its registered office or registered
Name of the limited liability company:	Kin Evolution LLC.
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	MIAMI Beach FL 33140
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4302 Alton Rd 705 # MIAMI Beach FL 33140
Filed 1-30-2008	L080000 11083 至治 3
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Betty Bellman MTA
Registered Office Address:	4302 Alton Rd 705 49 MIAMI Beach FL BAILS
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Betty Bellman M.D., P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4302 Alton Road Suite 705
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Betty Bellman M.D.	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00