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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

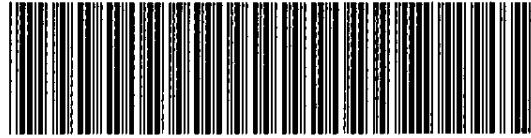
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SURGEON'S COSMETIC CENTER & MEDSPA, 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:

ENRIQUE L. GOMEZ

Name of Person

SURGEON'S COSMETIC CENTER AND MEDSPA

Firm/Company

8585 S.W. 72ND ST.

Address

MIAMI FL., 33143

City/State and Zip Code

ELGOMES10@gmail.com

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

For further information concerning this matter, please call:

ENRIQUE L. GOMEZ

Name of Person

at (305) 790 5861

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SURVEON'S COSMETIC CENTER & MEDSPA, L

2. (a) Principal office address of limited liability company: 8585 SW 72 STREET

(Note: MUST BE STREET ADDRESS) UNITS 107 AND 109
MIAMI, FLORIDA 33143

(b) Mailing address of limited liability company: 10950 SW 89 TERRACE

(Note: MAY BE POST OFFICE BOX) MIAMI, FLORIDA 33176

JUNE 21, 2010

L10000066243

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: DANNAEH VILLA

Registered Office Address: 10950 SW 89 TERRACE
MIAMI, FL. 33176

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: ✓ ENRIQUE L. GOMEZ

NEW Registered Office Address: ✓ 8585 S.W. 72ND ST SUITE 107
(MUST BE FLORIDA STREET ADDRESS) ✓ MIAMI, FL. 33143

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ENRIQUE L. GOMEZ
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

FILED
11 NOV 29 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FL