

L14000117268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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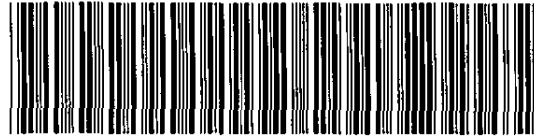
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
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C. LEWIS  
AUG 8 2014  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 229458 8006616

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : July 24, 2014

ORDER TIME : 2:35 PM

ORDER NO. : 229458-005

CUSTOMER NO: 8006616

CHANGE OF AGENT

NAME: NON INVASIVE PLASTIC SURGERY  
CENTER OF TAMPA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 62920

EXAMINER: \_\_\_\_\_

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: NON INVASIVE PLASTIC SURGERY CENTER OF TAMPA LLC

2. (a) 307 S MacDill Ave  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 307 S MacDill Ave  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

Tampa, FL 33609

Tampa, FL 33609

07/25/2014

L14000117268

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) Traci Temmen

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

NEW Registered Office Address:

307 S Macdill Ave

Tampa, FL 33609

14 AUG -7 AM 8:55  
CLERK  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

Traci Temmen

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 605, 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 Traci Temmen

BY:

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