## L 1500076528

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	11/12/2019	
Name:	1 167	<del></del>
Reference	e #:1151416	_
Entity Nai	me: SANCTUARY MEDICAL AESTH	ETIC CENTER OF BOCA RATON, LLC
🔲 Art	ticles of Incorporation/Authorization	to Transact Business
🗌 An	nendment	
🖌 Ch	ange of Agent	
🗋 Re	einstatement	
🗌 Co	onversion	
🗌 Me	erger	
🗌 Dis	ssolution/Withdrawal	
🔲 Fic	ctitious Name	
🗌 Ot	her	
Authorize Signature	ed Amount:\$25.00	

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EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES.
REGISTRY #6010712
6 LLOTDS AVE, UNIT #CL
LOTDON EC3N BAX
+44 (0)20.3961.3080

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

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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.

. (a)	ane of the limited liability company: SANCTUARY M 4800 NORTH FEDERAL HWY STE C100	(b)	
2. (4)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL 33431		BOCA RATON, FL 33431
	04/30/2015		L15000076528
	Date of filing/registration in Florida	4.	Document number
(a)	TOBIN & REYES, P.A.		
(4)	Registered Agent and Registered Office shown on the records of the	: Florida L	ept. of State:
	225 NE MIZNER BOULEVARD, STE	510	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	ept. of State: 10 12
	BOCA RATON	334	
(b)	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice addr	
	115 North Calhoun Street, Suite 4	<u>.</u>	
	<u>NEW</u> Registered Office Address:		
	Tallahassee	323	01
e chai gent w as/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liab	e registe ility com the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signature of a member or authorized representative of a member			Jason Pozner Printed or typed name of signee
	when the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided f in reflect a change in the registered office address, I her in which a this change.	to act in erforman for in Ch reby con	

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

INHS18 (2/14)

Signature of Begiste ed Agent

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