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COVER LETTER

Division of Corporations	·
SUBJECT: MIA AESTHETICS HOLDINGS, LI	LC
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
SERGIO A. ALVAREZ M.D.	
Name of Person	
MIA AESTHETICS HOLDINGS, LLC	
Firm/Company	
9300 SW 72 STREET	
Address	
MIAMI FLORIDA 33173	
City/State and Zip Code	- 1, 1
INFO@MIAAESTHETICS.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
LIZA GARCIA 7	786 626-8923
Name of Person	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 Tallahassec, Florida 32314
Enclosed is a check for the following amoun	it:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

ì.	Na	me of the limited liability company:	MIA AESTHETI	CS H	OLDING	SS, LLC	
2.	(a)	9300 SW 72 STREET			W 72 STREET		
_,	(-)	Principal office address of limited lie (Note: MUST BE STREET A		(0)		Mailing address of limite (Note: MAYBE POS FLORIDA 33173	T OFFICE BOX
3.		12/13/2016 Date of filing/registration in	a Florida	L -	160002	224764 Document number	
		SERGIO A. ALVAREZ, M.D.	Trionga	-1 .		Document named	
5.	(a)	Registered Agent and Registered Office sho	wn on the records of the	Florida	Dent of Str		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 10454 NW 31 TERR				FILED 14 2: 14	
		DORAL	FI 30	3174			-P
((b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	ONE THE	
		NEW Registered Office Address:					
		9300 SW 72 STREET					
		MIAMI	FL_33	3173		_	
the age was the State of the to not not.	cha nt w /wc artic gnat ereb visit oblinere ified	mited liability company is not organing or changes are made, the Florida ill be identical. Or, in the case of a re authorized by an affirmative vote cles of organization or the operating of a member or authorized representative by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change.	street address of the Florida limited liabi of the members of the line of a prember of a prember and agree agent and agree	e regist lity cor he limi nited li	tered office in pany, it ted liability co	ce and the business of is hereby confirmed to ity company or as other mpany. Printed or typed name of pacity. I further agree	Tice of the registered that the change(s) erwise provided in of signee
Sign	ានដែរ	e of Registered Agent					