

4160094767

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Notes: Please print this information in the following fields. For additional information, please refer to the instructions on the back of this cover sheet.

((H23000062865 3)))



F23000C629553AEC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
MIA AESTHETICS CLINIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FEB 20 1963

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: MIA AESTHETICS CLINIC, LLC

2. (a) No Change (b) No Change
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. 12/13/2016 Date of filing/registration in Florida 4. L16000224767 Document number

5. (a) CHRISTIAN ALVAREZ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
14000 SW 119 AVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33186

(b) C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

Candice Pignataro Authorized Representative
Signature of a member or authorized representative of a member

Candice Pignataro
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.

C T Corporation System
By: SEAN L. EMERICK, ASSISTANT SECRETARY
Signature of Registered Agent

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