

L17 0000232756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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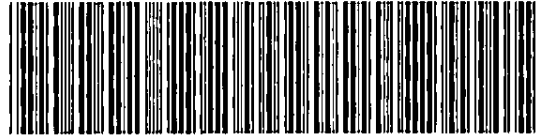
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BODYFREE ESTHETICS, 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:

OSCAR REY CPA

Name of Person

OSCAR REY CPA PA

Firm/Company

1400 LINCOLN ROAD #604

Address

MIAMI BEACH, FL 33139 - 2166

City/State and Zip Code

RECORDS@OSCARREY.COM

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

For further information concerning this matter, please call:

OSCAR REY CPA at (305) 531-8518
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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: BODYFREE ESTHETICS, LLC

2. (a) C/O OSCAR REY CPA (b) C/O OSCAR REY CPA

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

407 LINCOLN RD, SUITE 504

MIAMI BEACH, FL 33139

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1400 LINCOLN ROAD #604

MIAMI BEACH, FL 33139 - 2166

AUGUST 01, 2021

L17000232756

3. Date of filing/registration in Florida 4. Document number

5. (a) JURADO, MARCELO P.

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

407 LINCOLN RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 10E

MIAMI BEACH, FL 33139

(b) OSCAR REY CPA PA

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

1400 LINCOLN RD

NEW Registered Office Address:

#604

MIAMI BEACH, FL 33139 - 2166

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TALLAHASSEE, FLORIDA

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.

Claudia M. Rodriguez
Signature of a member or authorized representative of a member

CLAUDIA M. RODRIGUEZ

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