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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

\*\*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  
VIVIFY PLASTIC SURGERY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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MAR 13 2024

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# 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.

1. Name of the limited liability company: VIVIFY PLASTIC SURGERY, LLC

2. (a) <u>Principal office address of limited liability company</u> (Note: <u>MUST BE STREET ADDRESS</u> ) <u>1000 W KENNEDY BLVD STE 202</u> <u>TAMPA, FL 33606</u>  <u>02/23/2018</u>	(b) <u>Mailing address of limited liability company</u> (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>1000 W KENNEDY BLVD STE 202</u> <u>TAMPA, FL 33606</u>  <u>L18000049065</u>
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3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
INCRP SERVICES, INC.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address  
LEGALINC CORPORATE SERVICES INC.  
NEW Registered Office Address  
476 Riverside Ave.  
Jacksonville, FL 32202

FILED  
2024 MAR 12 AM 9:54  
CLERK OF STATE

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.

DALLAS BUCHANAN

DALLAS BUCHANAN

Signature of a member or authorized representative of a member

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 of Registered Agent



Mar 11, 2024 17:18 (UTC-04)

From: +13213418522 (Lisa Adams)

To: +18506176383

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Apologies, this cover sheet was created for an LP instead of an LLC

Please abandon this and refund the money to the account.

I apologize for hitting the wrong link.

Thank you for your help!

Lisa Adams  
Tier One Licenses LLC