

L19000 291916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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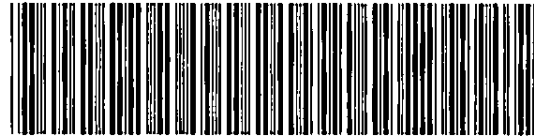
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aesthetic Surgical Specialists, 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:

Benjamin Cousins

Name of Person

Benjamin J Cousins

Firm/Company

650 West Ave #406

Address

Miami Beach, FL 33139

City/State and Zip Code

benjamincousinsnd@gmail.com

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

For further information concerning this matter, please call:

Benjamin Cousins

702

882 6674

at ()

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: <u>Aesthetic Surgical Specialists L L C</u>	
2. (a) <u>4308 Alton Road Suite#720</u> Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> <u>Miami Beach, Florida 33140</u>	(b) <u>4308 Alton Road Suite #720</u> Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>Miami Beach, FL 33140</u>
3. <u>01/01/2020</u> Date of filing/registration in Florida	4. <u>L19000291916</u> Document number
5. (a) <u>Benjamin J. Cousins</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State. <u>4308 Alton Road Suite#720</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>4308 Alton Road Suite #720</u> <u>Miami Beach</u> , FL <u>33140</u>	
(b) <u>Benjamin J. Cousins MD PA</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address:</u> <u>The Floridian</u> <u>NEW Registered Office Address:</u> <u>650 West Ave #406</u> <u>Miami Beach</u> , FL <u>33139</u>	

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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.

Benjamin J. Cousins MD PA
Signature of a member or authorized representative of a member

Benjamin J. Cousins MD PA
Printed or typed name of signer

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.

Benjamin J. Cousins MD PA
Signature of Registered Agent