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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**LLC REGISTERED AGENT CHANGE  
MIA AESTHETICS SUNSET REALTY LLC**

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

2023 FEB 17 PM 3:03

2023 FEB 17 PM 12:16

### 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 SUNSET REALTY 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. 12/12/2019  
Date of filing/registration in Florida

4. L19000299588  
Document number

5. (a) ALVAREZ, CHRISTIAN  
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.

By: SEAN L. EMERICK, ASSISTANT SECRETARY  
Signature of Registered Agent

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

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