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Division of Corporations

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From:

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Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE ALLURA AESTHETICS, LLC

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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.

. Na	me of the limited liability compar	ny: ALLURA A	ESTHET	ICS, LLC	<u> </u>			
2. (a)	6695 W. BOYNTON BEACH BLVD.		(b)	6695 W. BOYNTON BEACH BLVD.				
(d) .	Principal office address of limite (Note: MUST BE STREE		Mailing address of limite (Note: MAY BE POS					
	BOYNTON BEACH, FL	33437	 -	BOYNT	ON BEACH	l, FL 334	37	<u></u>
	03/20/2020			1 20000	0086253			
3.	Date of filing/registratio	n in Florida	- _{4.} -		Document nun	nber		
. (a)	HUNTER BUSINESS LA	ΑW						
5. (a)	Registered Agent and Registered Office		the Florida (Dept. of State				
	119 S. DAKOTA AVENUE	E						
	Registered Office Address MUST E	BE FLORIDA STREET	ADDRESS)		•			
								
	TAMPA	. FI	33606	6				
			·		•		202	
(b)					-	— <u>.</u> 1 • · · ·	2022 APR	
	Enter name of NEW Registered Agent	and/or NEW Registere	Office add	Cere			PR 2	
	801 US Highway 1					•	96	产产
	NEW Registered Office Address:				-	 :	E	all f
	·					·	ά	C
					-	·	39	
	North Palm Beach	, F	33408	3	_			
change agent v was/w	imited liability company is not or or changes are made, the Florida will be identical. Or, in the case of ere authorized by an affirmative values of organization or the operat	of a Florida limited livote of the	e registered jability con of the limit	i office and ipany, it is ied liability	hereby confu y company or a	med that the	ne chan	ge(s)
	aitlin Lazarus				us, Attorney			
_	ture of a member or authorized represent				Printed or typed	•		
provis the ob to mer notifie	by accept the appointment as regions of all statutes relative to the ligations of my position as registed in the registed in writing of this change.	istered agent and ag proper and complete ered agent as providi ered office address, I	ree to act i e performa ed for in Ci hereby con	n this cape nce of my o hapter 605 nfirm that i	acity. I further duties, and I a i, F.S. Or, if th the limited liab	r agree to o m familiar nis docume bility comp	comply with an nt is became to the control of the c	with the d accep ing filed been
	itlin Lazarus							