

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000027888 3)))



H23000027888345C5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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
FACE & BODY LASER SKIN REJUV CENTER, LLC

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

**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
mits the following statement in order to change its registered office or registered agent, or both, in the State of
rida.*

Name of the limited liability company: FACE & BODY LASER SKIN REJUV CENTER, LLC

(a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)

11/03/20

Date of filing/registration in Florida

4.

L20000349055

Document number

(a) INC AUTHORITY RA

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

390 NORTH ORANGE AVE.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 2300

ORLANDO, FL 32801

(b) Registered Agents Inc

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

7901 4th St N

NEW Registered Office Address.

STE 300

St. Petersburg, FL 33702

ne limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
change or changes are made, the Florida street address of the registered office and the business office of the registered
nt will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
articles of organization or the operating agreement of the limited liability company.

Robin Jones
Signature of a member or authorized representative of a member

Robin Jones

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
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
ified in writing of this change.*

David Roberts - Assistant Secretary
Signature of Registered Agent