## 121000076140

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Constitution of the Consti		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: N2URI SKIN III	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Laurenda PiEREE Name of Person	
Firm/Company	<del> </del>
3440 HOLLward Blud	
Hollywood Fl 33021 City/State and Zip Code	Sulta 415
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	se call:
Laurenda PiERRT a	t (954 ) 669 - 2332 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 amo	ount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STÄTEMENT 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.

112:00	(
1. Name of the limited liability company: N2UY1 S	KIN TIC
2 (a) 3440 HOTYWOOD BIND	(b) 3440 Hollyward Blud
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Suite 415	Suite 415
HOLLYWOOD F1, 33021	Holywood F1, 33021
2/15/2021	121000076140
3. Date of filing/registration in Florida	4. Document number
5. (a) Laurenca PIERRE	
8. (a) Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
1428 NE 154th ter	
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
North miami Beach	
FI	33112
(b) Laurenda PiEret	
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
3448 Holiquial Blud	AH.
NEW Registered Office Address:	TAR SSE
	17 OP 7
Hullywood FL	33021
If the limited liability company is not organized under the law	ys of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia	registered office and the business office of the registered
was/were authorized by an affirmative vote of the members of	t the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the	aurenda PIERRE
Signature of a member of authorized representative of a member	Printed or typed name of signce
the state of the constitutions of parintaged great and our	ee 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 jammar with and accept I for in Chapter 605 F.S. Or if this document is being filed
to merely reflect a change in the registered affice address. I have in writing of this change.	вегену сопуст насы те итива нанису сотрану нас ввен
Signature of Registered Agent	