12/8/22, 12:04 PM

Division of Corporations



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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE INSPIRE AESTHETICS MANAGEMENT, LLC Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$25,00

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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.

1. N	ame of the limited liability company:	HETICS MANAGEM	ENT, LLC
2. (a)	0 S FEDERAL HWY #1010 (b) 1010 S FEDERAL HWY #		EDERAL HWY #1010
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
	DELRAY BEACH, FL 33483	DELRAY	BEACH. FL 33483
	12/21/2021	L21000530	715
3.	Date of filing/registration in Florida	4,	Document number >
5. (a) (b)	NRAI SERVICES INC.		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	PLANTATION	33324	PHI2: 16
	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:	-
	801 US Highway 1		
	NEW Registered Office Address:		-
	North Palm Beach	33408	-
agent w was/we the artic	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the State of Flo registered office and ability company, it is of the limited bability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. mey-in-Fact
- L'hereb	ute of a member or authorized tepresentative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete pations of my position as registered agent as provided by refluct a change in the registered office address. I have the writing of this change. Adia Myles, Special Secretary	ee to act in this capa performance of my a for in Chapter 605, iereby confirm that t	Printed or typed name of signee ocity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatur	Conceptiered Agent		

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

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