

L 22000093239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

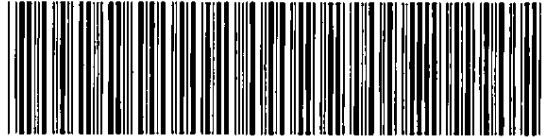
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



200429322182

05/13/24--01034--014 **25.00

FILED
2024 MAY 13 AM 8:02
SECURITY
TOLSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADORE PLASTIC SURGERY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANAY ALGRE
Name of Person

Dale SOLUTION MIAMI
Firm/Company

1148 SW 67 AVE
Address

MIAMI FL 33144
City/State and Zip Code

INFO@DALESOLUTIONMIAMI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANAY ALGRE at (786) 414-1601
Name of Person 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: ADORE PLASTIC SURGERY, LLC

2. (a) 1148 SW 67 AVE (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

MIAMI FLORIDA 33144

SAME

3. 2/15/2022
Date of filing/registration in Florida

4. L22000093239
Document number

5. (a) DANAY ALEGRE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1148 SW 67 AVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI FLORIDA 33144

_____, FL _____

(b) DANAY ALEGRE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1148 SW 67 AVE

NEW Registered Office Address:

MIAMI, FL 33144

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.

DANAY ALEGRE
Signature of a member or authorized representative of a member

DANAY ALEGRE
Printed or typed name of signer

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.

DANAY ALEGRE
Signature of Registered Agent

FILED
2024 MAY 13 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA