

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.

((H21000441630 3)))



H210004416303ABCV

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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC - 3 PM 2: 26

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDICAL AESTHETIC SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC - 6 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MEDICAL AESTHETIC SOLUTIONS, LLC

Enter new principal office address, if applicable: 2206 Jo An Drive #4

(Principal office address
MUST BE A STREET ADDRESS)

Sarasota Fl 34231

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2206 Jo An Drive #4

Sarasota Fl 34231

2. The Florida document number of this limited liability company is: M20000006689

3. Jurisdiction of its organization: Florida

4. Date authorized to do business in Florida: 07/10/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Registered Agents Inc.

New Registered Office Address: 7901 4th St N STE 300

Enter Florida Street Address

St. Petersburg

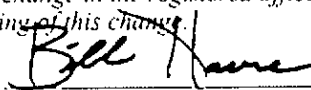
City

Florida 33702

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.



If Changing Registered Agent, Signature of New Registered Agent

RECEIVED
TALLAHASSEE, FLORIDA

2021 DEC -3 PM 2:26

FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LEA GRAF	2906 BEE RIDGE ROAD	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input checked="" type="checkbox"/> Remove
MGR	LEA GRAF	2906 BEE RIDGE ROAD	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input checked="" type="checkbox"/> Remove
AMBR	Nelson Grist	2206 Jo An Drive #4	<input checked="" type="checkbox"/> Add
		Sarasota Fl 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Riley Park
Signature of the authorized representative

Riley Park
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2021 DEC -3 PM 2:26
CLERK OF STATE
TALLAHASSEE, FLORIDA