Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FEE & JEFFRIES, P.A.

Account Number : I20010000069 Phone : (813)229-8008

Fax Number : (813)229-0046

REGISTERED AGENT CHANGE

BAY AESTHETICS, INC.

Certificate of Status	0
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Corporate Filing Men

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8/20/2007



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

tursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: Bay Aesthetics, Inc The principal office address: 3111 Mossvale Lane, Tampa, FL 33618
. The principal office address: STIT Mossvale Lane, Tampa, TE 30010
. The mailing address (if different):
Date of incorporation/qualification: 1/1/07 Document number: P06000140090
. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Barry D. Siegel
200 West Palmetto Park Road, #301
Boca Raton, FL 33432
The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mindy L. Carreja, Esq.
1227 N. Franklin Street
(P.O. Box NOT acceptable)
Tampa, FL 33602
The street address of its registered office and the street address of the business office of its registered agent is changed will be identical.
such change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Gargi Patel, President (Signature of an attice or director) Gargi Patel, President (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performant from duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
(Typed orPrinted Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

__CR2E045 (8/05) Fax Audit No. (((H07000209247)))