Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : D.M.M.L.

Account Number : 120050000186

Phone : (305)285-2000 : Fax Number : (305)285-5555

REGISTERED AGENT CHANGE

CLINIC AESTHETIQUE CENTRE INC.

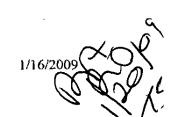
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COVER LETTER

I	DOCUMENT	NUMBER: <u>P0700</u>	0091243			
7	The enclosed S	Statement of Change of	of Registered Office/A	gent and fee are submi-	tted for filing.	
F	Please return a	ill correspondence cor	ncerning this matter to	the following:		•
	,					
			David Everett (Name of Contact	Marko, Esg.		
	•					
•		de	e la O, Marko, Mag	golnick and Leyton pany)		
			(Firm/Com	pany)	· ,	
		,				
			3001.SW 3r (Addres		<u> </u>	
			(Addres	5)	•	
	,				•	•
		·	Miami, F (City/State and I	L 33129 Zip Code)		
F	For further inf	ormation concerning	this matter, please call	•		
_			, F	•		
_		Jacqueline Quin (Name of Contact Pe	tero	at (<u>786</u>) 290-	4276	75
		(Name of Contact Pe	erson)	(Area Code & Day	ime Telephone Num	iber)

P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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CR2E045 (8/05)

(((H09000011655 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement 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.
1. The name of the corporation: Clinic Aesthetique Centre, Inc.
2. The principal office address: 407 Lincoln Road, #704, Miami Beach, FL 33139
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>08/14/2007</u> Document number: <u>P0700091243</u>
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)
Bruce I. Yegelwel, P.A.
2150 SW 13th Avenue
Miami, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David Everett Marko
3001 S.W. 3rd Avenue (P.O. Box NOT acceptable)
Miami, FL 33129
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was anthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the comporation has been notified in writing of the change. Jacqueline Quintero Jacqueline Quintero
•
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
David Everett Marko
(Typed or Printed 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)