## P0800000008

	(Requ	· iestor's Name	.)
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	(Addre	ess)	
	(City/S	State/Zip/Pho	ne #)
PICK-L	JÞ		MAIL
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Certified Copies		Certificate	es of Status
Special Instruction	ns to ⊢ili	ing Officer:	
		Office Use O	niy



02/11/08--01019--016 \*\*35.00

TAPECRETARY OF STATE

R.A. Address Change

TB 7-12-15



For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **Street Address:**

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

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

Fursuant 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  $-F(\partial Q_{1})A$ \_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GIUN Skin Carl + Hall Removal Corp.				
2. The principal office address: 13949 SN 8 TERR				
MIAMI, F1. 33184				
3. The mailing address (if different):				
4. Date of incorporation/qualification: <u>Jan.2,2008</u> Document number: <u>PO80000008</u>				
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:				
Vanessa Alvarenga.				
6. The name and street address of the new registered agent (if changed) and /or registered office				
(if changed): V(Intessa Alvarenga				
(P.O. Box NOT acceptable)				
MIAMI, FI. 33184				
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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
(Signature of an officer or director) Nancssa Alvarenga				

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.

2081

Signature of Registered Agent)

If signing on behalf of an entity:

(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