

P10000100149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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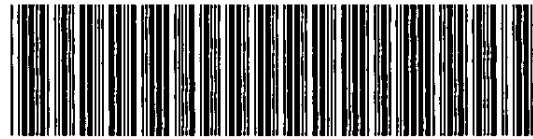
(Business Entity Name)

(Document Number)

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T. ROBERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Prestige Medical Spa  
Name of Corporation

**DOCUMENT NUMBER:** P10000100149

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ofir Macias Torres

Name of Contact Person

Prestige Medical Spa

Firm/Company

2140 W. Flagler St. Ste: 210

Address

Miami, FL 33135

City/State and Zip Code

prestigemedicalspa@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ofir Macias Torres

Name of Contact Person

at ( 305 ) 982-8577

Area Code & Daytime Telephone Number

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

**Mailing Address:**

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**

*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: Prestige Medical Spa, Inc.
2. The principal office address: 2140 W. Flagler St. Ste:210  
Miami, FL 33135
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 12/10/2010 Document number: P10000100149

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)

Ofir Macias Torres

2695 SW 18th St. #206

Miami, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Ofir Macias Torres

2140 W. Flagler St. Ste: 210

P.O. Box NOT acceptable

Miami, FL 33135

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: Ofir Macias Torres  
Printed or typed name and title

*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: [Signature] Date: 10/03/2012

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  
CR2E045 (03/12)

FILED  
2012 OCT -5 AM 11:55  
TALLAHASSEE, FL  
CLERK OF THE COURT