

P 17000044173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

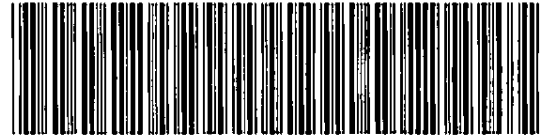
(Business Entity Name)

(Document Number)

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*White*

R. WHITE

OCT 08 2018

FILED  
2018 OCT -1 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jolie Plastic Surgery, Inc

Name of Corporation

**DOCUMENT NUMBER:** P17000044173

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:

Jesus Novo, Esq.

Name of Contact Person

Firm/Company

8492 Sw 8 St

Address

Miami, FL 33144

City/State and Zip Code

info@jolieplasticsurgery.com

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

For further information concerning this matter, please call:

Jesus Novo, Esq.

Name of Contact Person

at ( 305 ) 2617000

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: Jolie Plastic Surgery
2. The principal office address: 8504 SW 8 ST MIAMI FL 33144
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/16/2017 Document number: P17000044174
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)

Enmanuel Pimentel

1303 SW 107 AV MIAMI FL 33174

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

Jesus Novo, Esq.

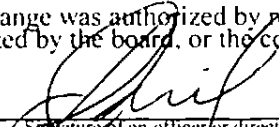
8492 SW 8 ST MIAMI FLORIDA 33144

P.O. Box NOT acceptable

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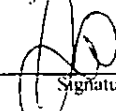
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Caridad M Pimentel  
\_\_\_\_\_  
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

9/18/2018

Date

If signing on behalf of an entity:

Jesus Novo, Esq.

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