000107176 Requester's Name EDWARD C. GELBER, M.D. JANIS DZELZKALNS, M.D. 619 N.W. 12th Ave. Miami, Florida 33136 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 400003125654--02/07/00--01089--010 (Corporation Name) *****35.00- *****35.00 (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Mail out ☐ Photocopy ☐ Will wait Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment ☐ Not for Profit Resignation of R.A., Officer/Director ☐ Limited Liability ☐ Change of Registered Agent Domestication Dissolution/Withdrawal U Other ☐ Merger **OTHER FILINGS REGISTRATION/QUALIFICATION** Annual Report ☐ Foreign ☐ Fictitious Name ☐ Limited Partnership ☐ Reinstatement Trademark Other V. SHEPARD FEB 1 4 2000

Examiner's Initials

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 6 | 517.1508, Florida Statutes, the |
|--|----------------------------------|
| undersigned corporation organized under the laws of the State ofFL | |
| submits the following statement in order to change its registered office or r | egistered agent, or both, in the |
| State of Florida | |
| 1. The name of the corporation: \[\frac{\xi}{\xi} \sum_{\text{STHETIC}} \\ \text{Boby} \\ \(\xi_{\text{STHETIC}} \\ \\ \xi_{\text{STHETIC}} \\ \xi_{ | SMOURING INC. |
| , | , |
| 27 3050 ((1) 87 | 1.00 #200 |
| 2. The mailing address of the corporation: $3850 \text{SW} 87$ | |
| MIAMI, FL 33165 | |
| 3. Date of incorporation/qualification: Document | number: |
| 4. The name and address of the current registered agent and registered offic | e: Project Land |
| 1 | To the |
| LOURDES AGUILERA | |
| 619 NW12 AVE | O.P. |
| MAMI FG 23/3/ | |
| 5. The name and address of the new registered agent (if changed) and /or re | gistered office (if changed): |
| | gibiorea critico (il changoa). |
| MONICA Vienstein | |
| 619 N.W. 12 Are | |
| MIRMI, Fl. 33136 | |
| The street address of its registered office and the street address of the buagent, as changed, will be identical. | siness office of its registered |
| Such change was authorized by resolution duly adopted by its board of o | lirectors or by an officer so |
| authorized by the board. | . / / |
| | 1/24/00 |
| (Signature of an officer, chairman or vice chairman of the board) | (Date) / |
| S. GECBER PRES. | |
| (Printed or typed name and title) | • |
| Having been named as registered agent and to accept service of process cornoration. I hereby accept the appointment as registered agent and to accept service of process. | for the above stated |
| corporation, I hereby accept the appointment as registered agent and ag I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligations | e proper and complete |
| performance of my duties, and I am familiar with and accept the obligati registered agent. | ion of my position as |
| | |
| Wowing (September Agent) | 2/1/00 (Date) |
| If signing on behalf of an entity: | |
| | ISTE ATOR |
| | Capacity) |
| , | |

* * * FILING FEE: \$35.00 * * *