I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: FRANCISCO SILVA DIRECTOR OF 01/03/2019

SIGNATURE: FRANCISCO SILVA	DIRECTOR OF	01/03/2019
	OPERATIONS	

DOCUMENT# L18000184246

Entity Name: VIP SHAPE MED SPA LLC

Current Principal Place of Business:

12139 S APOPKA VINELAND RD ORLANDO, FL 32836

Current Mailing Address:

12139 S APOPKA VINELAND RD ORLANDO, FL 32836 US

FEI Number: 83-1444028

Name and Address of Current Registered Agent:

EXPAT CONSULTING CORP 8615 COMMODITY CIRCLE SUITE 11 ORLANDO, FL 32819 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	VIP AESTHETIC INSTITUTE, LLC	Name	TZVI LLC
Address	8552 PALM PARKWAY	Address	14951 ROYAL OAKS LN # 407
City-State-Zip:	ORLANDO FL 32836	City-State-Zip:	NORTH MIAMI FL 33181

Date

FILED Jan 03, 2019

Secretary of State

Date