

L03000021364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

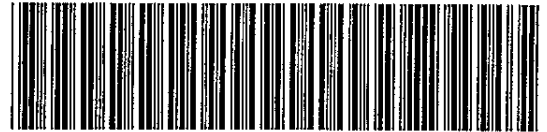
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700042995697

12/20/04--01019--002 \*\*25.00

2004 DEC 20 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Aesthetic Design, LLC

2. The mailing address of the limited liability company is : 15560 Rolling Meadows Circle,  
Wellington, FL 33414

June 12, 2003

L03000021364

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Business Filings Inc.

Name

8025 Excelsior Drive, Suite 200

Address

Madison, WI 53717

City, State and Zip

6. The name and address of the new registered agent and/or office:

Barbara S. Sommers

Name

15560 Rolling Meadows Circle

Florida street address (P.O. Box NOT acceptable)

Wellington, FL 33414

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Barbara S. Sommers President  
(Signature of a member or authorized representative of a member)

Barbara S. Sommers, President

(Printed or typed name of signer)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Barbara S. Sommers  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED  
004 DEC 20 AM 11  
SECRETARY OF STATE  
TALLAHASSEE, FL