## L08000059233

(Re	equestor's Name)				
(Ac	idress)				
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(Ci	ty/State/Zip/Phone #/	)			
PICK-UP	WAIT	MAIL			
(Bı	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

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T. HAMPTON

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
CHDI	ECT. Car	വാലി	Δρςί	the	etics IIC	
SUDJ	SUBJECT: Carousel Aesthetics, LLC  Name of Limited Liability Company					
Dear !	Sir or Madam:					
Dour .						
The e	nclosed Registered Agent/Registered	Office C	Chang	e ar	and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	g this ma	atter t	o th	he following:	
	Jaime L. Flood					
	Name of Person				-	
	•					
	Carousel Aesthetics, LLC	;			_	
	Firm/Company					
	5004 David David David					
	5801 Deer Run Drive				-	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Fort Pierce, Florida 3495	1				
	City/State and Zip Code	<del></del>			-	
E	JFCarousel@AOL.com -mail address: (to be used for future annual report	notificatio	n)		-	
For fi	urther information concerning this mat	Har nlag	se co	.11		
roitt	ither mornation concerning this man	.tci, pica	isc ca	111.		
	Jaime L. Flood	at (	772	<u>,</u>	473-4973	
	Name of Person	\_			rea Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		M	IAII	LING ADDRESS:	
	Registration Section		Re	egis	stration Section	
	Division of Corporations				sion of Corporations	
	Clifton Building				Box 6327	
	2661 Executive Center Circle		Ta	allał	hassee, Florida 32314	
	Tallahassee, Florida 32301					
	Enclosed is a check for the following	ing amo	unt:		·	
	\$25 Filing Fee			\$55	Filing Fee & Certified Copy	

## 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. Name of the limited liability company:	Carousel Aesthetics, LLC				
2. (a) Principal office address of limited liability compa	ny: Carousel Aesthetics, LLC				
(Note: MUST BE STREET ADDRESS)	124 SW Chamber Court Port St. Lucie, Florida 34986				
(b) Mailing address of limited liability company:	Carousel Aesthetics, LLC				
(Note: MAY BE POST OFFICE BOX)	5801 Deer Run Drive Fort Pierce, Florida 34951				
June 17, 2008	L08000059233				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:				
Registered Agent:	Jaime L. Flood				
Registered Office Address:	7106 Deland Avenue Fort Pierce, Florida 34951				
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	124 SW Chamber Court Port St. Lucie ,FL34986				
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.  Signature of amember or authorized representative of a member  Jaime L. Flood  Printed or typed name of signee  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 new dutties and I am familiar with and accept the obligations of my position as registered agent as provided for an 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.					
Signature of Registered Agent					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					

INHS18 (05/08)