L08000059233

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COVER LETTER

Division of Corporations	•
SUBJECT: La rouse Aestha Name of Limited Li	Fies iability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Jaime Poters Name of Person	
Carouse Lestholics Firm/Company	
7106 Deland-Arenu	2_
Fort Pierce, FL 3495 City/State and Zip Code	5)
E-mail ddress: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please	call:
Jame of Person at (7	72) U73 U973 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
▼ \$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:	used Aasthatics LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 2855 Ocean Drive Blo
	Veno Beach, FL 32963
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	de 5773 Doorken Dive
6/17/2008	L08000059233
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Jame Peters
Registered Office Address:	5773 Door Run Drive
	FF. P. O.CO, FL 34951
(b) Enter name of NEW Registered Agent and/or !	NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7106 Dolard Frence
	- FOIT FIELD ,FL 39931
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be included its liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	te Florida street address of the registered office dentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to expression provided for in the performance of my duties, when the position as registered agent as provided for in increase in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	:t 2
Division of Corporations, P.O. Box	
INHS18 (05/08)	23 [