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S. HAWKES

JUL 2 - 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
JAMES H. DORSEY  Name of Person	
CONTOURE LASER BODY SCULPT Firm/Company	ING
1015 W. INDIANTOWN RD., SUITE 2 Address	201
JUPITER, FL 33458  City/State and Zip Code  ihdiii@bellsouth.net  E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, p	lease call:
CAROL CHRISTOS at	<u></u>
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
\$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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statu er to change its re	tes, the undersigned limited gistered office or registered
	ノハム・レリノンドノ	
1. Name of the limited-liability company: + Cas n	FTICS CE	MER, LLC
2. (a) Principal office address of limited liability company	/:	
(Note: MUST BE STREET ADDRESS)	1015 W. INDIA JUPITER, FL 3	NTOWN RD., SUITE 201 33458
(b) Mailing address of limited liability company:	<del> </del>	
(Note: MAY BE POST OFFICE BOX)	1015 W. INDIA JUPITER, FL 3	
1-27-09	L09000	008 766 8 7
3. Date of filing/registration in Florida	4. Document nun	
5. (a) Registered Agent and Registered Office shown on	the records of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Registered Agent:	SAMUEL LEH	RER 2
Registered Office Address:	1015 INDIANTO	OWN RD. SUITE-201
		<u> </u>
(b) Enter name of NEW Registered Agent and/or NE	W Registered Off	ice address:
NEW Registered Agent:	JAMES H. DO	RSEY
NEW Registered Office Address:	18629 S.E. PA	LM ISLAND LANE
(MUST BE FLORIDA STREET ADDRESS)	JUPITER	,FL <u>33458</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  JAMES H. DORSEY, III  Printed or typed name of signee  I hereby accept the appointment as registered agent and a	lorida street addre ical. Or, in the ca ) was/were author wise provided in t	ss of the registered office se of a Florida limited ized by an affirmative vote the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	oper and complete sition as registere rely reflect a char y has been notified	performance of my duties, a performance of my duties, a deept as provided for in the registered office I in writing of this change.
Division of Corporations, P.O. Box 63	27. Tallahassee l	FI. 32314

**FILING FEE: \$25.00** 

INHS18 (05/08)