

F12000000 821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

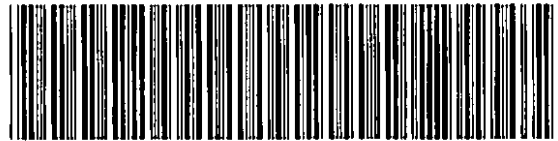
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DEPARTMENT OF JUSTICE

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2018 AUG 10 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FL

Spichey

R. WHITE

AUG 13 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delaware
Name of Corporation

12000000821
DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cody Simmons

Name of Contact Person

DermaSensor Inc.

Firm/Company

950 Brickell Bay Drive apt 5401

Address

Miami, FL 33133

City/State and Zip Code

cody.simmons@dermasensor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Freiden

901 356-3030

Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dermasensor, Inc.
2. The principal office address: 950 Brickel Bay Drive Apt 5401
Miami, FL 33133
3. The mailing address (if different): PO Box 310703
Miami, FL 33231
4. Date of incorporation/qualification: May 2009 Document number: 12000000821
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cody Simmons

1221 Brickell ave

Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

Cody Simmons

950 Brickel Bay Drive Apt 5401

Miami, FL 33131

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Cody Simmons

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314