

L09000096855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

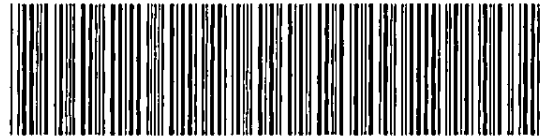
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2020 MAR 10 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 10 AM 11:05

V. SULLIVER

MAR 11 2020



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **March 10, 2020**

Account#: I20000000088

Name: **KEN HOWELL**

Reference #: **1196794**

Entity Name: **FAMILY DERMATOLOGY, PL**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ **Change of Agent**

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$25.00**

Signature: _____

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: FAMILY DERMATOLOGY, PL

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

No Change

No Change

October 7, 2009

L09000096855

3. Date of filing/registration in Florida

4. Document number

5. (a) MOORE, JOHN L

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

200 SOUTH ORANGE AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SARASOTA, FL 34236

(b) COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun St., Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

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.

/s/ Cory Brown

Tim Mayville

Signature of a member or authorized representative of a member

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 605, 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]
Signature of Registered Agent

Cory Brown, Authorized Signer

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

FILING FEE: \$25.00

FILED
2020 MAR 10 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA