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C. BRUMBLEY
JAN 14 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195
REFERENCE : 376189 4144A
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : January 13, 2022
ORDER TIME : 2:03 PM
ORDER NO. : 376189-010
CUSTOMER NO: 4144A

CHANGE OF AGENT

NAME: MCDONNELL DERMATOLOGY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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: MCDONNELL DERMATOLOGY LLC

2. (a) 25097 OLYMPIA AVE STE 202 (b) 25097 OLYMPIA AVE STE 202

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

PUNTA GORDA, FL 33950

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PUNTA GORDA, FL 33950

4/20/2010

L10000042247

3. Date of filing/registration in Florida

4. Document number

5. (a) MCDONNELL, JONELLE K, Dr.

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

MCDONNELL DERMATOLOGY LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

25097 OLYMPIA AVE STE 202

PUNTA GORDA, FL 33950

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

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.

Signature of a member or authorized representative of a member

Chris Ewanowski, M.D. as CEO

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 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 of Registered Agent
Alexis Weir, assistant vice president

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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2022 JAN 13 AM 9:27
STATE OF FLORIDA
TALLAHASSEE, FL