

L12000011693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

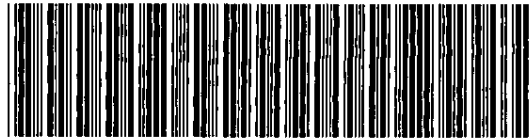
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APR 24 2012

EXAMINER



400230082594

04/20/12--01033--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 20 AM 8:53



**State Mutual
Insurance Company**

RICHARD H. BURTON
VICE PRESIDENT AND CORPORATE COMPLIANCE OFFICER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 20 AM 8:53

April 19, 2012

Via: Federal Express

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

RE: DermaTran Health Solutions, LLC
Florida Document Number L12000011693

Dear Sir/Mdm.:

Please find enclosed Articles of Amendment regarding the photo caption entity to be filed with your department. Also enclosed is our check in the amount of \$25 in satisfaction of the requisite filing fee. Also enclosed is a self-addressed postage paid envelope for the return of any documents, if any.

Thank you for your attention to this matter and should there be any questions please contact the undersigned.

Cordially,

Richard H. Burton

Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Dermatran Health Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
DIVISION OF CORPORATE LAW
12 APR 20 AM 8:53

The Articles of Organization for this Limited Liability Company were filed on January 25, 2012 and assigned
Florida document number L12000011693.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 608, 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.

n/a

If Changing Registered Agent, Signature of New Registered Agent

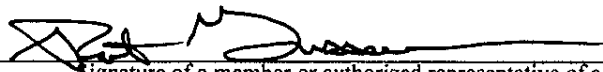
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gulfcoast Administrators, L.L.C.	8545 126th Avenue North, Suite 201 Largo, FL 33773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Samuel R. Moss	85 Technology Parkway Rome, GA 30165	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Gussenhoven	85 Technology Parkway Rome, GA 30165	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 4/19, 2012



Signature of a member or authorized representative of a member
Robert Gussenhoven

Typed or printed name of signee