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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	PINNACLE DERM HOLDINGS	. LLC				
.,	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered (Office Cha	ange and	fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matte	er to the f	following:		
STEPI	IANIE GRAHAM, ESQ.					
	Name of Person	 -		_		
INTEG	RATED DERMATOLOGY					
	Firm/Company			_		
4700 E	XCHANGE COURT, SUITE 110					
	Address	-		_		
BOCA	RATON, FLORIDA 33431					
	City/State and Zip Code	2		_		
SGRAI	HAM@MYDERMGOUP,COM					
13	-mail address: (to be used for future a	innual rep	ort notific	cation)		
For fur	ther information concerning this matt	er, please	call:			
STEPH	ANIE GRAHAM, ESQ.	at (561	314-2000, ext. 1030		
	Name of Person	\.		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the followi	ng amou	nt:			
	■ \$25 Filing Fee		□ \$ 5	5 Filing Fee & Certified Copy		

INHS18 (2/14)

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.	Na	ame of the limited liability company: PINNACLE DER	M HOL	DINGS, LLC		
2.	(a)			(b)		
	` ′	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		·-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1730 S. FEDERAL HWY., #281		1730 S. F	EDERAL HWY., #281	
		DELRAY BEACH, FL 33483	_	DELRAY	BEACH, FL 33483	
		03/26/2012		L12000041	555	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)					
٠.	(-)	Registered Agent and Registered Office shown on the records of JEFFREY QUEEN	the Flori	da Dept. of Sta	e:	
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRE:	(2.2)	2.0 2.0	
		902 CLINT MOORE RD., SUITE 226		<u>DDRESS)</u> 28 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
		BOCA RATONCH , FI	33487	· · · · · · · · · · · · · · · · · · ·	2	
	41.5				Ä	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office o	Mice address:		
					. သ . တ	
		CORPORATE CREATIONS NETWORK INC			01	
		NEW Registered Office Address:			_	
		11380 PROSPERITY FARMS ROAD, #221E			_	
		PALM BEACH GARDENS, FL	334	10		
the	ange ent v is/we arti Signa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member of accept the appointment as registered agent and agreement of all statutes relative to the proper and complete inguings of my position as registered agent as provide	registe ability c of the li limited	red office ar company, it is mited liabili- liability con EFFREY QU	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. JEEN Printed or typed name of signee	
to no	mere tified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of the change.				
Si	gnatu	re of Registered Agent Jim Perkins, V	ICO P	resident		

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