

**L15000158085**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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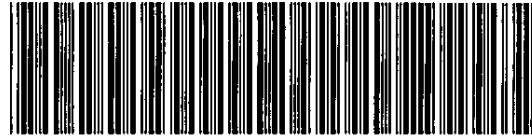
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 16 2016  
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September 12, 2016

### TRANSFER of OWNERSHIP

I, Timothy Thomas, senior and majority owner of DermaGraFX, LLC, do hereby transfer all rights and ownership to Wylee Wadsworth.

The current ownership of the company has been,

60% Tanis Thomas

40% Wylee Wadsworth

This is to inform all concerned that I am no longer an active or inactive partner and relinquish my shares to Wylee Wadsworth.

100% Wylee Wadsworth

Over the next 10 days, I will freely transfer all functions.

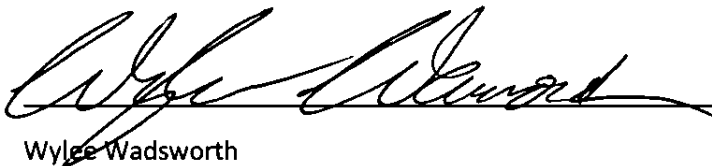


Timothy D Thomas

SEPTEMBER 12, 2016

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I accept the transfer, the responsibilities and accountabilities for the business.



Wylee Wadsworth

SEPTEMBER 12, 2016



*Lisa Harris*  
Sept 12, 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHANGE OF REGISTERED AGENT  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WYLEE WADSWORTH  
Name of Person  
DERMAGRAF, LLC  
Firm/Company  
6002 E HWY 98  
Address  
PANAMA CITY, FL 32404 USA  
City/State and Zip Code  
dermagrafllc@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

WYLEE WADSWORTH at (850) 999-7799  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

DERMA GRAPHX, LLC

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

The Articles of Organization for this Limited Liability Company were filed on SEPT 2015 and assigned  
Florida document number L15000158085

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

WYLERE WADSWORTH

New Registered Office Address:

(SAME) 6002 E HWY 98

Enter Florida street address

PANAMA CITY

City

Florida

32404

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 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.*



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

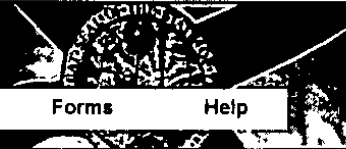
(b) The 90th day after the record is filed.

Dated SEPT 12, 2016

Signature of a member or authorized representative of a member

WYLFEE WADSWORTH  
Typed or printed name of signee

Typed or printed name of signee



## Detail by Entity Name

### Florida Limited Liability Company

DERMAGRAFX, LLC

### Filing Information

**Document Number** L15000158085  
**FEI/EIN Number** 47-5095235  
**Date Filed** 09/16/2015  
**Effective Date** 09/15/2015  
**State** FL  
**Status** ACTIVE

### Principal Address

6002 E HWY 98  
PANAMA CITY, FL 32404

### Mailing Address

11907 CUE DRIVE  
PANAMA CITY, FL 32404

### Registered Agent Name & Address

THOMAS, TIMOTHY D  
11907 CUE DRIVE  
PANAMA CITY, FL 32404

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

THOMAS, TIMOTHY D  
11907 CUE DRIVE  
PANAMA CITY, FL 32404

### Annual Reports

Report Year	Filed Date
2016	04/08/2016

### Document Images

04/08/2016 -- ANNUAL REPORT

[View image in PDF format](#)

09/16/2015 -- Florida Limited Liability

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