

L16000113911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

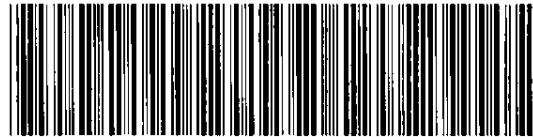
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**D. BRUCE
APR 18 2017**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DermFoot LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette Joyce
Name of Person

Oasis Medical Consulting LLC
Firm/Company

4033 Sakm Bottom Rd
Address

Westminster, MD 21157
City/State and Zip Code

drjoycepodiatry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Joyce at (443) 280-0452
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2017

ANNETTE JOYCE
4033 SALEM BOTTOM RD
WESTMINISTER, MD 21157

SUBJECT: DERMFOOT LLC
Ref. Number: L16000113911

We have received your document for DERMFOOT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 717A00005044

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: DermFoot LLC
2. (a) 361 Yamato Rd, Ste 1210, Boca Raton FL 33431 (b) 1213 Liberty Rd, Box 121, Eldersburg, MD 21784
Principal office address of limited liability company: 33431 Mailing address of limited liability company: 21784
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Boca Raton FL 33431 Box 121
Eldersburg, MD 21784
3. JUNE 13, 2016 4. L16000113911
Date of filing/registration in Florida Document number

5. (a) Brett Ribatsky
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

BE Certified
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
880 NW 13th St, IC
Boca Raton, FL 33486

- (b) Michael Wierzbicki
Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address:
3673 Cassia Dr
Orlando, FL 32828

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] Annette Jones, Managing member
Signature of a member or authorized representative of a member 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]
Signature of Registered Agent

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TALLAHASSEE, FLORIDA