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## LLC REGISTERED AGENT CHANGE DERMCARE MANAGEMENT, LLC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\bullet$

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.

<ol> <li>No</li> <li>(a)</li> </ol>	me of the limited liability company:  DERMICARE MANAGEMENT, LTC.  4000 Hollywood Blvd, Suite 215-S  (b) 4000 Holl		ywood Blvd, Suite 215-S	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		O1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hollywood, FL 33021	·		
	6/8/2017		L17000125659	
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	SCHILLINGER, JEFFREY			
	Registered Agent and Registered Office shown on the records of 4000 HOLLYWOOD BLVD	the Flori	da Dept, of S	State.
	Registered Office Address (MUST BE FLORIDA STREET) STUTE 215-S	ADDRE!	<u> </u>	
	HOLLYWOOD , FL	33021		2023
(b)	C T Corporation System			2023 AUG 16
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Officen	ddress:	- P
	NEW Registered Office Address:			
	1200 South Pine Island Road		··	्रिली <del>व्य</del>
	Plantation FL	33324		
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li	istered off company, i mited liabi	fice and the business office of the registered t is hereby confirmed that the change(s) litty company or as otherwise provided in
	smill link	Ka	thryn McBr	
=	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete lightions of my position as registered agent as provide by reflect a change in the registered office address. It is in writing of this change.  CT Corporation System	ree to ac perform d for m hereby c	et in this co nance of n Chapter ( confirm the	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been
	CT Corporation System // / Addition & Manager			

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