SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCU		# L9 9	000005	5668	•		†	LED		
1. Entity Name DERMAWORLD, L.L.C.							OLMAR 12	2 AM 10: 1	7	
DE1 11013 (VV)	O1120, C.	L.O.					SECRETAR TALLAHASS	Y OF STATE	Ε	
Principal Place	of Business		Mailing /	Address			TALLAHASS	SEE, FLORIC)A	
1100 S.W. ST. LUCIE WEST #105 1100 S.W. ST. LUCIE WES					ST #105					
PORT ST. LUC	IE FL 34986		PORT S	ST. LUCIE FL 3498	6					
- 5: : : : : :			1 2 2 2 2							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailin	3. Mailing Address Suite, Apt. #, etc.			1 10011011 DIO 10110 13111 ESILI 4	1811) VOSIL OPIEJ VAJUL (,,,,,	
			Suite,				DO NOT WRITE IN THIS SPACE			
City & State	?		City &	State			Number 65-095773	2	1	plied For
Zip	.	Country	Zip		Country	5 C	ertificate of Status Desired	29	.00 Add	ot Applicable
	6 Name	and Address of Cu	rrent Registered	Agent			ame and Address of New	Fee	Require	
	J. /14/11/0				Name	,, INC	MIN PROPERTY.	Bratored Maci		
IOANNIDES, TIM M.D.					Street /	Address (P.O. Box	(P.O. Box Number is Not Acceptable)			
1100 S.W. ST. LUCIE WEST #105 PORT ST. LUCIE FL 34986								<u> </u>		
roni Si. L	LUCILILO	M300			City			FL	Zip Cod	e
The above n	named entity	submits this staten	nent for the purposi	se of changing its	registered office o	r registered ager	it, or both, in the State of F	lorida		
8. The above n	named entity	submits this staten	nent for the purpos	se of changing its	registered office of	r registered ager	at, or both, in the State of F	lorida,		
SIGNATURE .		submits this staten			registered office o			lorida.		
SIGNATURE .				able. (NOTE	:: Registered Agent signa	ture required when reins				
SIGNATURE .			d agent and title if applica	able. (NOTE		ture required when reins	stating)			
SIGNATURE .		or printed name of registere	d agent and title if applica	FILE NOTE	E: Registered Agent signa	ture required when reins	stating)		1	
SIGNATURE	Signature, typed o	or printed name of registere	d agent and title if applica	FILE NOTE	E: Registered Agent signs DWI!! FEE IS : yable to Depar	ture required when reins	ADDITIONS	DATE S/CHANGES	} Change	☐ Addition
SIGNATURE S	Signature, typed of MGR	MANAGING N	d agent and title if applica M MEMBERS / MEMBE	FILE NOTE FILE N	E: Registered Agent signs DW!!! FEE IS : yable to Depar	ture required when reins	ADDITIONS	DATE S/CHANGES	27	n
9. STREET ADDRESS	Signature, typed of MGR IOANNIDES 1100 S.W.	or printed name of registere	d agent and title if applica M MEMBERS / MEMBE	FILE NOTE FILE N	E: Registered Agent signs DW1!! FEE IS : yable to Depar 10. TITLE NAME	ture required when reins	ADDITIONS	DATE 6/CHANGES 1988888888890/01010 \$50.00 *	27)95 ****	n
SIGNATURE S 9. SITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of MGR IOANNIDES 1100 S.W.	MANAGING N S, TIM M.D. ST. LUCIE WES	d agent and title if applica M MEMBERS / MEMBE	FILE NOTE FILE N	E: Registered Agent signa DW1!! FEE IS yable to Depar 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ture required when reins	ADDITIONS	DATE 6/CHANGES 1988888888890/01010 \$50.00 *	27 95	 0
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