

MR200005572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

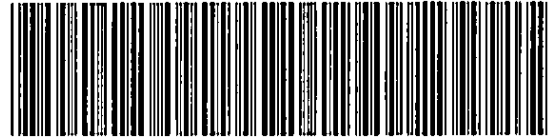
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED

18 NOV - 2 P 3:35

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DIVISION OF CORPORATE  
TAX AND FINANCIAL

18 NOV - 2 PM 3:18

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**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserve.com  
e-mail: info@incserve.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserve.com  
850.656.7953

**REQUEST DATE** 11/2/2018

**PRIORITY** Routine

**OUR REF # (Order ID#)** 694072

**ORDER ENTITY**

WATER'S EDGE DERMATOLOGY, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

WATER'S EDGE DERMATOLOGY, LLC (FL)

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS", located below the "Sincerely," text.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Water's Edge Dermatology, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M12000005572

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: October 2, 2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

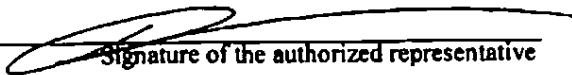
Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See Exhibit A attached hereto and incorporated herein for this reference.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
**Theodore Schiff, M.D., Chief Executive Officer**  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA  
OF

WATER'S EDGE DERMATOLOGY, LLC  
(FLORIDA DOCUMENT NUMBER: M12000005572)

Exhibit A

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	WED Management, LLC	600 Village Square Crossing, #101 Palm Beach Gardens, FL 33410	Remove
Manager	Nicholas A. Orum	c/o Gryphon Investors One Maritime Plaza, Suite 2300 San Francisco, CA 94111	Add
Manager	Luke Schroeder	c/o Gryphon Investors One Maritime Plaza, Suite 2300 San Francisco, CA 94111	Add
Manager	Kevin Blank	c/o Gryphon Investors One Maritime Plaza, Suite 2300 San Francisco, CA 94111	Add
Manager	Theodore Schiff, M.D.	600 Village Square Crossing, #101 Palm Beach Gardens, FL 33410	Add
Manager	John Randazzo	c/o Gryphon Investors One Maritime Plaza, Suite 2300 San Francisco, CA 94111	Add
Manager	Richard Russell	c/o Gryphon Investors One Maritime Plaza, Suite 2300 San Francisco, CA 94111	Add

# Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A WYOMING LIMITED LIABILITY COMPANY "WATER'S EDGE DERMATOLOGY, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "WATER'S EDGE DERMATOLOGY, LLC", WAS FILED IN THIS OFFICE ON THE SECOND DAY OF OCTOBER, A.D. 2018, AT 5:31 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2018 OCT 2 - 10 53 PM

FILED



  
Jeffrey W. Bullock, Secretary of State

7083911 8317F  
SR# 20187455511

Authentication: 203824298  
Date: 11-02-18

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)