

M23 000008974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

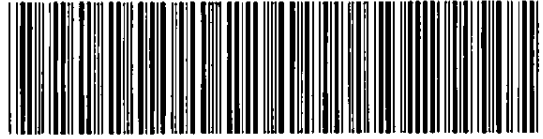
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Art of Dermatology, 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:

Vikram Gotham  
Name of Person

Art of Dermatology, LLC  
Firm/Company

28903 Woodward Ave.  
Address

Bentley, MI 48072  
City/State and Zip Code

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

For further information concerning this matter, please call:

Vikram Gotham at ( 248 ) 342-7627  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Center  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee Certified Copy

**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: Art of Dermatology, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2350 Vanderbilt Beach Rd Suite 301  
Naples, FL 34109

3. 7/12/23 Date of filing/registration in Florida 4. M23000008974 Document number

5. (a) Registered Agents, Inc.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4th St. N, Suite 300  
St. Petersburg, FL 33702

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 STATE OF FLORIDA  
 DEPT. OF STATE

(b) Mary Mekha  
 Enter name of NEW Registered Agent and/or NEW Registered Office address

2350 Vanderbilt Beach Rd.  
 NEW Registered Office Address:  
Suite 301  
Naples, FL 34109

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 of 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.

Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office of 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]  
 Signature of a member or authorized representative of a member

Vikram Gokhale  
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in the capacity of the registered agent and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes, or if this document is being filed in the State of Florida, I hereby confirm that the limited liability company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in the capacity of the registered agent and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes, or if this document is being filed in the State of Florida, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
 Signature of Registered Agent