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Amendment Section

Division of Corporations		
SUBJECT: Bruce Paley Dermatology, Inc.		
Name of Corporation		
DOCUMENT NUMBER: P02000034095		
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for fili	ıg.
Please return all correspondence concerning this mat	ter to the following:	
Alex C. Najarian, Esq.		~ ڔؙ
Name of Contact Person		
The Comeal Law Firm		
Firm/Company		ن
509 Anastasia Blvd.		7-1 PH 1:11
Address		ś. − o
St. Augustine, Florida 32080		答为二
City/State and Zip Code		E.S.
alex@comeallaw.com		严当二
E-mail address: (to be used for future annual repo	ort notification)	LLI.
For further information concerning this matter, please	call:	
Alex C. Najarian, Esq.	at (904)819-5333 Area Code & Daytime Telepho	
Name of Contact Person	Area Code & Daytime Telepho	ne Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	er to change its registered office or registered or	gistered agent, or both, in the State of Florida. ogy, Inc.	
 The name of The principal Augustine, F 	office address: 1851 Old Moultrie Roa	d, Suite A	-
_		Palm Coust Fi 37137	-
3. The mailing	address (if different): 2 Cedar Ford Ct.,	P02000034095	-
		Document number: P02000034095	-
 The name an Florida Depa 	d street address of the current registere atment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	Bruce H. Paley		
	2 Cedar Ford Court		
	Palm Coast, FL 32137		
6. The name and (if changed):		agent (if changed) and /or registered office	** <u>.</u>
	Alex C. Najarian, Esq.		100
	509 Anastasia Blvd.	PM 1: 1 0F STAT SSEE, FL	
	P.O St. Augustine, FL 32080	. Box NOT acceptable	
The street addr	ess of its registered office and the str l be identical.	eet address of the business office of its registered agent	,
Such change wanthorized by the	as authorized by resolution duly adop he board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.	
	Lypo	Bruce H. Paley, President	
		Printed or typed name and title	
l hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the ing filed merely to reflect a change in a been notified in writing of this chan	and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the age.	e s ?
(LE	ui of	March 23, 2024	
Sig	gnature of Registered Agent	Date	
	half of an entity:		
lf signing on be	chair or an anning.		
lf signing on bo Alex C. Najariar			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)