PO5 60000 3146

(Re	equestor's Name)	
(Āc	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations			
NAME OF CORPORATION: Skin Smart Der motology - Wellness Center PA DOCUMENT NUMBER: P05000003146			
DOCUMENT NUMBER: 1000000000000000000000000000000000000			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Dyan J. Harvey-Dert D Name of Contact Person			
Skusmort Dermodology + Wellness Cente PA			
4325 Lynx Paw Irail			
1.100.000			
Valvico FL 33596 City/ State and Zip Code			
dhdent@verizon.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Duan Harvey-Dent May 813, 6029-8222			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of Star	(e)	
	<u></u> /	
P0500003146		
(Document Number of Corporation (if known)		
tursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the s Articles of Incorporation:	following amendment(s) to	
. If amending name, enter the new name of the corporation:		
	The new	
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nat ord "chartered," "professional association," or the abbreviation "P.A."		
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	经表 二、四	
	ریش و در میرسی ویس و در پیشر	
. Enter new mailing address, if applicable:	Time Time	
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; 		
The House Death	\mathcal{E}	
Name of New Registered Agent Dyon Trou Veg - Derive	1	
(Florida street address)	<u> </u>	
	33501	
New Registered Office Address: VOULCO , Florida (City)	(Zin Code)	
(-13)	(24 0000)	
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the p	position.	
Signature of New Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Remove

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>X</u> Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	DP	Dyan	Harrey Dord, DO	
Add		,		Valvico FL 3350
Remove				
2) Change		-		
Add				
Remove				
3) Change			·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

E. It amending or a (Attach additional	dding additional Ar sheets, if necessary).	ticles, enter chan . <i>(Be specific)</i>	ge(s) here:			
NA						
''						•
	 					
						-
						
				<u></u>		
	No. 2001					
			·			
F. <u>If an amendmen</u>	t provides for an exc	hange, reclassific	ation, or cancella	ation of issued sha	ıres,	
provisions for it	mplementing the am cable, indicate N/A)	endment if not co	ntained in the ar	nendment itself:		
NI/A	suote, maieate (1771)					
- ' ' ' ' -						
					<u> </u>	
		· · · · ·	•			-
			·			
				,		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days af	ier amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficie	nt for approval
by(voting group)	177
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without saction was not required.	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	holder action and shareholder
Dated 8816 Signature	
(By a director, president or other officer – if di selected, by an incorporator – if in the hands o	
appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
Juan Harvey Oyped or printed name of p	-Derd, DO
Director Presi (Title of person	dont
(Title of person	signing)