PULUDUOU878

(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



400303400004

09/20/17--01006--013 ++35.00

MIT SEP 20 AM IO: 07

SEP 2 1 2017

COVER LETTER

COVER LETTER COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Der Matology Specialists of North Florida, P.A. & DOCUMENT NUMBER: PO6000000878
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Der Matology Specialists of N. FL. P.A. 11512 Lave Mead Ave 401 Address Jackson ville, FL 32256 City/ State and Zip Code holy danck @ 9 Mail. Com E-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Holly Kaitsonis at (904) 208 4260 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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Articles of In	corporation
Dernstology Speci	slists of North Florida, P.A.
(Name of Corporation as current	lly filed with the Florida Dept. of State)
PoloDo	0000878
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	3
	-
C. Enter new mailing address, if applicable:	N/N 8 A
(Mailing address MAY BE A POST OFFICE BOX)	
	0,3
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office add	fress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>'8:</u> /
Name of New Registered Agent	V/A
,	7.7
(Florida s	treet address)
New Registered Office Address:	, Florida, Florida
	,
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
,	
1/h	
Signature of New	Registered Agent, if changing
- c	

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)

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.

Example: XChange	PT John D	<u>10e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	mith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	Secretary	Jean A. McClinteck, M.	1. 1151a Lave Mesod Aut 401
Add	()		Jacksonville, FL
Remove	`VP"	. 1	32256
2) Change	Vice Pres.	Maryellen Kortsonis	11512 Lake Mexchre#401 Jacksonville, FL
/ Add			Jacksonville, FL
Remove			32256
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Change			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

	dditional sheets, if nécessary): (Be specific	*	
		-W/F)	
			_
	•		
rovisio	endment provides for an exchange, reclassions for implementing the amendment if no not applicable, indicate N/A)	sification, or cancellation of issued shares, ot contained in the amendment itself:	
		NA	
	···		
			_
			

he date of each amendment(s) adoption:ate this document was signed.	_, if other than the
ffective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a ocument's effective date on the Department of State's records.	not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/15/2017 Signature	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
John P. Kartsonis, M.D. (Typed or printed name of person signing)	
President (Title of person signing)	