## P15000005653

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Derma	Care USA,	Inc.			
DOCUMENT NUMBER: P15000005653						
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:				
	Diana de	Name of Contact Person	n			
		Firm/ Company				
	3905 N.U	U. 107 Ave.	Suite 104			
	Miami	City/ State and Zip Cod	Suite 104 33178			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:						
Nome	of Contact Person	at (	) de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address  dment Section on of Corporations of Building Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	DERMACARE USA, INC		FILEU				
(Name	of Corporation as currently P15000	filed with the Florida D	ept. of State)	2115	OCT 2	7 <b>P</b> M	2:48
	(Document Number of C	Corporation (if known)					e marti
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this F.	lorida Profit Corporation	adopts the following	انتا 🖊 📗		SEE. F	STATE LORIDA
A. If amending name, enter the new r	ame of the corporation:			Ü.			, +K - 1
N/A				The new	•		
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associans.  B. Enter new principal office address	nation "Corp," "Inc," or "C ation," or the abbreviation "P	o". A professional corp					
(Principal office address MUST RE A.							
C. Enter new mailing address, if app (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new registered ag	OFFICE BOX	N/A ss in Florida, enter the n	ame of the				
Name of New Registered Agent	DIANA DE LA CRUZ						
	3905 NW 107 AVE SUITE 1	104	<del></del>				
	(Florida street						
New Registered Office Address:	МІАМІ		Florida 33178				
	Ci	ity)	(Zip Cox	de)			
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agent; ered agent. I am familiar with	h and accept the obligation	ns of the position.				

Signature of New Registered Agent, if changing

Attach additional sheets, if necessary)

(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 officer. 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: X Change <u>PT</u> John Doc X Remove  $\underline{\mathbf{v}}$ Mike Jones \_X Add <u>sv</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) VISNU FERREIRA 3905 NW 107 AVE SUITE 104 1) \_\_\_\_ Change MIAMI, FL 33178 \_\_ Add Remove DIANA DE LA CRUZ MGR 3905 NW 107 AVE SUITE 104 2) \_\_\_\_ Change MIAMI, FL 33178 \_ Add \_\_\_\_Remove 3) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add

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:

Remove

Page 2 of 4

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
A	
	The state of the s
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
<u> </u>	
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· · · · · · · · · · · · · · · · · · ·	
1.11.11.11	

	10/13/2015	
The date of each amendment(s) a date this document was signed.	deption:	, if other than the
<b>5</b>		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	slock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 10'/12'/2	Deso Cr.	
	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other court	
арронт	ted fiduciary by that fiduciary)	
	DIANA DE LA CRUZ	
	(Typed or printed name of person signing)	
	MANAGER	
	(Title of person signing)	