## P15000005653

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DERMACARE US.	A INC.					
DOCUMENT NUMBER: P15000005653						
The enclosed Articles of Amendment and fee are sub	mitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
Fernando Carabano						
	Name of Contact Person					
10620 NW 27 Street	Firm/ Company					
Miami, Florida 33172	Address					
	City/ State and Zip Code					
fernando.carabano@gmail.com						
E-mail address: (to be use	d for future annual report notification)					
For further information concerning this matter, please	call:					
Fernando Carabano	305 495 9249 at ( )					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:					
\$35 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)					
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 to Articles of Incorporation

DERMACARE USA INC.

of

(Name o	of Corporation as currently	filed with the Floridaci	Cept-of State): 15
P15000005653		0.710	
	(Document Number of	Corporation (if known)	TARY OF STATE TASSEE, FLORIDA
Pursuant to the provisions of section 607, its Articles of Incorporation:			
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corp	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
		1-21-21-21-21	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new			name of the
- · · - · · · -	Fernando Carabano	•	
Name of New Registered Agent	10620 NW 27 Street		
		est addresse)	
	(Florida stre Miami	et adaress)	33172
New Registered Office Address:		(City)	, Florida ( <i>Zip Code</i> )
		•	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tions of the position.
	Jo. Uno Sofow Signature of New Ro	egistered Agent, if changi	ng

## 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 <math>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 Doo	2	
X Remove	Y	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>úth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	DPTS	<u> </u>	VISNU FERREIRA	3905 NW 107 Avenue
Add X Remove				Doral, Florida 33178
2) Change	S Mgr		DIANA DE LA CRUZ	3905 NW 107 Avenue
X Add		_		Doral, Florida 33178
Remove				
3) Change		_		
Add				
Remove				
4) Change	····	_		-
Add				
Remove				<u> </u>
5) Change		_		
Add				<u> </u>
Remove		٠		
6) Change		_		
Add				
Remove				

Attach 6	ding or adding additional A additional sheets, if necessar	y). (Be specific)			
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provis	nendment provides for an elions for implementing the af not applicable, indicate N/A	<u>mendment if not c</u>	cation, or cancell ontained in the a	ation of issued sha mendment itself:	ares.
-					
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file	: aate)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"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 action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
16 December 2015	
Signature Signature	
(By a director, president or other officer - if directors or officers	
selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary)	e, or other court
DIANA DE LA CRUZ	
(Typed or printed name of person signing)	
SECRETARY AND MANAGER	
(Title of person signing)	arrange to the state of the sta