TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Dermsoft LLC		109/03/2009 1	LIMITED LIABILITY COMPANY: UNITED STATES

RECEIVING PARTY DATA

Name:	eDerm Systems LLC
Street Address:	902 Clint Moore Road, Suite 226
City:	Boca Raton
State/Country:	FLORIDA
Postal Code:	33487
Entity Type:	LIMITED LIABILITY COMPANY: UNITED STATES

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	3762614	EDERM SYSTEMS

CORRESPONDENCE DATA

Fax Number: (561)989-3665

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 561-314-2000

Email: dfuentes@edermsystems.com

Correspondent Name: David Fuentes

Address Line 1: 902 Clint Moore Road, Suite 226
Address Line 4: Boca Raton, FLORIDA 33487

NAME OF SUBMITTER:	David Fuentes
Signature:	/df/
Date:	04/13/2011

Total Attachments: 6

TRADEMARK REEL: 004521 FRAME: 0373 OP \$40.00 3762614

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L080000 42891

(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:
A. LUNT
OCT 15 2009
EXAMINER

Office Use Only



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09/18/09--01007--003 **30.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 21, 2009

ANDREW QUEEN 902 CLINT MOORE ROAD SUITE 226 BOCA RATON, FL 33487

SUBJECT: DERMSOFT LLC Ref. Number: L08000042891

We have received your document for DERMSOFT LLC and your checks totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 409A00030899

Division of Corporations - P.O. BOX 6327 - Tallahassee, FIRADEMARK
REEL: 004521 FRAME: 0376

FILE PH 3: 58



October 9, 2009

Florida Department of State Division of Corporations P.O. BOX 6327 Tallahassee, Florida 32314

Attn: Agnes Lunt

Re: DERMSOFT LLC Name Change

Ms. Lunt,

Pursuant to your letter dated September 21, 2009 regarding our proposed name change of "Dermsoft LLC" to "eDerm Systems LLC", I am sending the following response. As you stated, at the time of our request to you, the name "eDerm Systems LLC' was unavailable, but we have confirmed with Carolyn Lewis of your office that the name is presently available and we resubmit our request to you via this letter. Should you have any questions, please contact me at (561) 314-2000. Thank you for your assistance.

Manager

902 Clint Moore Road •Suite 226• Boca Raton • Florida • 33487 (561) 499-6900 • (561) 989-3665 Fax

COVER L'ETTER

TO: , Registration Section

Division of Co	rporations		
SUBJECT:	DER	MSOFT LLC	
		ted Liability Company	
	Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
		Andrew Queen	
		Name of Person	
		eDerm Systems LLC	
		Firm/Company	2009 OCT 4 PM 3: 58 SECRETARY OF STATE TALLAHASSEE, FLORID
	902 CI	int Moore Road, Suite 226	
		Address	OCT IL
	Boca Raton, Florida 33487		PM 3: 58 E. FLORIDA
		City/State and Zip Code	OR S
	E-mail address: (1	drewque@yahoo.com to be used for future annual report notifica	tion) Sim &
For further information	concerning this matter, please c	·	
Ar	ndrew Queen	at (<u></u> <u>}</u>	14-2000
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fce & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COURIER Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERMSO				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears or iability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	04/29/2008	and assigned	
Florida document numberL08000042891				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:		and DOCT 14 PH	
eDerm Syste			F STA	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,"	the designation	"LEC" or the observation	
Enter new principal offices address, if applicable:	902 Clint Moore	Road, Suite	226	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Florida 33487			
Enter new mailing address, if applicable:	902 Clint Moore	Road, Suite	226	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, Florida 33487			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	: :			
	Enter F	lorida street ad	ldress	
·		, Florida _		
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member **Address Title** <u>Name</u> **Type of Action** Remove Remove _ 🔲 Add Remove Remove ₹ Remlove Remove C D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 14 009 Signature of member or authorized representative of a member Andrew Queen Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

TRADEMARK
REEL: 004521 FRAME: 0380

RECORDED: 04/13/2011

MGR = Manager