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^{JUL 15 2015} J. HARRIS

•	COVER LETTER
TO: Registration Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,
SUBJECT: ENDO DONTICS, F	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
DANIELLA PELNADO Name of Person	· • • • • • • • • • • • • • • • • • • •
ENDGDONTICS PLLC Firm/Company	
13241 BARTRAM PARK Address 32 JACKSON VILLE, FL City/State and Zip Code	2 58
DANI PEINA DO 72 @ GMAIL CO E-mail address: (to be used for future a	nnual report notification)
DANJELLA PEINATIO Name of Person	at (904) 314 2404 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
¥25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

r tortua.	
1. Name of the limited liability company:ENDO	DONTICS, PLLC
2. (a) 13241 BARTRAM PARK BLVD # 10 Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	
JACKSONVILLE, FL 32258	JACKSONVILLE, FL 32258
1-7-2015	<u>L1500000 3354</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STR.	EEET ADDRESS)
TALLAHASSEE	
(b) DANIELLA PEINADO	
(b) DAWIELLA PEINADD Enter name of NEW Registered Agent and/or NEW Registered	<u></u> ≥≅ σ
13241 BARTRAM PARK <u>NEW</u> Registered Office Address:	BLVD # 1601
JAUL SCHUILLE	_,FL32258
the change or changes are made, the Florida street addre agent will be identical. Or, in/the case of a Florida limit	he laws of the State of Florida, it is hereby confirmed that after ess of the registered office and the business office of the registered ted liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in of the limited liability company.
Melieleele	DANIELLA PEINADO
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and complete obligations of my position as registered agent as proton to mereby reflect a change in the registered office addression in writing of this change. Signature of Registered Agent	Printed or typed name of Signee and agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00