

MI9000002278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

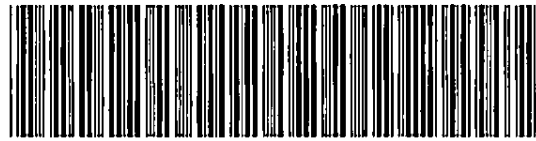
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700334932337

09/20/19--00:00--0.00 +\$50.00

2019 DEC 30 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Y SULKER  
DEC 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2019

COAST DENTAL MANAGEMENT FORT MYERS, LLC  
5706 BENJAMIN CENTER DR STE 103  
TAMPA, FL 33634

SUBJECT: COAST DENTAL MANAGEMENT FORT MYERS, LLC  
Ref. Number: M19000002278

We have received your document for COAST DENTAL MANAGEMENT FORT MYERS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 519A00023299

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coast Dental Management Fort Myers, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Bies

Name of Person

Coast Dental Services, LLC

Firm/Company

5706 Benjamin Center Drive, Suite 103

Address

Tampa, FL 33634

City/State and Zip Code

legalgroup@coastdental.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Bies

Name of Person

at ( 813 )

288-1999

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 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.*

1. Name of the limited liability company: Coast Dental Management Fort Myers, LLC

2. (a) <u>Principal Address</u> Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> ) <u>5706 Benjamin Center Drive, Suite 103</u> <u>Tampa, FL 33634</u>	(b) <u>Mailing Address</u> Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>5706 Benjamin Center Drive, Suite 103</u> <u>Tampa, FL 33634</u>
---	---

3. <u>06/30/2017</u> Date of filing/registration in Florida	4. <u>M1900000:2278</u> Document number
--	--

5. (a) NRAI Services, Inc.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 South Pine Island Road  
Plantation, FL 33324

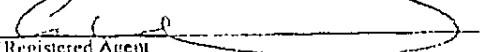
(b) Adam Diasti, DDS  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
5706 Benjamin Center Drive, Suite 103  
Tampa, FL 33634

2019 DEC 30 AM 8:31  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member	<u>Adam Diasti, DDS</u> Printed or typed name of signer
---	--

*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 605, 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.*

  
 Signature of Registered Agent