

P180000049392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

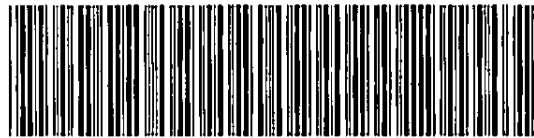
(Business Entity Name)

(Document Number)

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NOV 30 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZOOM DENTAL INC
Name of Corporation

DOCUMENT NUMBER: P18000049392

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LUIS GRANDE
Name of Contact Person

Firm/Company

1562 NW 89TH CT
Address

MIAMI, FL 33172
City/State and Zip Code

EVIVAS@ZOOMDENTAL.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2018

LUIS GRANDE
1562 NW 89TH CT
MIAMI, FL 33172

SUBJECT: ZOOM DENTAL INC
Ref. Number: P18000049392

We have received your document for ZOOM DENTAL INC and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

An officer/director must sign the form in the space provided.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 218A00023307

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SEAL OF THE STATE OF FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ZOOM DENTAL INC

2. The principal office address: 1562 NW 89TH CT MIAMI, FL 33172

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/25/2018 Document number: P18000049392

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
LUIS GRANDE

1562 NW 89TH CT MIAMI, FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EDWIN VIVAS

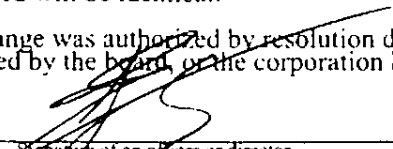
1562 NW 89TH CT MIAMI, FL 33172

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

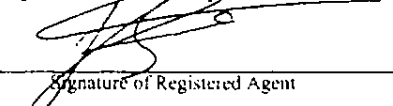


Signature of an officer or director

LUIS GRANDE - PRESIDENT

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

11-06-2018

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***