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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DENTISTS OF ROYAL PALM, PA	
Name of Corporation	
DOCUMENT NUMBER: P19000025644	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
JOELLE CHURIK	
Name of Contact Person	
UNISEARCH, INC.	
Firm/Company	
1990 MAIN STREET, STE 750-709	
Address	
SARASOTA, FL 34236	
City/State and Zip Code	
UNISOP@UNISEARCH.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
JOELLE CHURIK	at (888)617-4478 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute rganized under the laws of the State of <mark>FL</mark> egistered agent, or both, in the State of Florida	
1. The name of t	he corporation: DENTISTS OF ROY	AL PALM, PA	. <u>.</u>
	office address: N BLVD #110 ROYAL PALM BEAC	CH, FL 33411	
3. The mailing a	ddress (if different): 17000 RED HIL	L AVENUE, IRVINE, CA 92614	
4. Date of incorp	poration/qualification: 03/26/2019	L AVENUE, IRVINE, CA 92614 Document number: P19000025644	
5. The name and		red agent and registered office on file with the	
	UNISEARCH, INC.		
	155 OFFICE PLAZA DRIVE		
	TALLAHASSEE, FL 32301	SEC	2021
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered office	2021 DEC6
	UNISEARCH, INC.		
	1990 MAIN STREET, STE 750-709		AH 11: 4
		O. Box NOT acceptable	
	SARASOTA, FL 34236		
The street address changed will	ess of its registered office and the st be identical.	rect address of the business office of its regis	stered agent,
-		opted by its board of directors or by an office on notified in writing of the change.	
Signatu	re of an officer or director	Printed or typed name and title	
I furthér agrée i of my duties, an document is bei	the appointment as registered ager to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	statutes relative to the proper and complete publication of my position as registered agen in the registered office address. I hereby con	performance it. Or, if this firm that the
	Mylle (hux	11/01/2021	
Ĭ	hattra of Registered Agent half of an entity:	Date	
• •	K, ASST. SECRETARY		
	yped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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