| Current Mailing Address: 1490 PASADENA AVENUE S. SOUTH PASADENA, FL 33707 | | | | |
|---|--|-----------------------------------|---|---------------------|
| FEI Number: 54-2078308 | | Certificate of Status Desired: No | | |
| Name and Address of Current Registered Agent: | | | | |
| BRINKLEY, LINSTER ESQ 111 SECOND AVE. N.E. #900 ST PETERSBURG, FL 33701 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| The above named | | ered office or regist | ered agent, or both, in the State of Flo | rida. |
| | | ered office or regist | ered agent, or both, in the State of Flo | rida. 02/11/2022 |
| | entity submits this statement for the purpose of changing its regist | ered office or regist | ered agent, or both, in the State of Flo | |
| | entity submits this statement for the purpose of changing its register LINSTER BRINKLEY Electronic Signature of Registered Agent | ered office or regist | ered agent, or both, in the State of Floi | 02/11/2022 |
| SIGNATURE | entity submits this statement for the purpose of changing its register LINSTER BRINKLEY Electronic Signature of Registered Agent | ered office or regist | ered agent, or both, in the State of Flor | 02/11/2022 |
| SIGNATURE | entity submits this statement for the purpose of changing its registe LINSTER BRINKLEY Electronic Signature of Registered Agent etor Detail : | | | 02/11/2022 |
| SIGNATURE Officer/Direc | entity submits this statement for the purpose of changing its registe LINSTER BRINKLEY Electronic Signature of Registered Agent etor Detail : POLL | Title | P | 02/11/2022 |

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P02000092408

Entity Name: SHAMROCK DENTAL FRANCHISES, INC.

Current Principal Place of Business:

1490 PASADENA AVENUE S. SOUTH PASADENA, FL 33707

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

02/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 11, 2022 Secretary of State 4302264188CC