Current Mai	ling Address:			
	DENA AVENUE S. SADENA, FL 33707			
FEI Number: 54-2078308			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
BRINKLEY, LIN 111 SECOND A #900				
	RG, FL 33701 US	torod office or regio	tarad againt or both in the State of Ele	rida
The above name	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	
The above name		tered office or regis	tered agent, or both, in the State of Flo	02/04/2020
The above name	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	
The above name	d entity submits this statement for the purpose of changing its regis ELINSTER BRINKLEY Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	02/04/2020
The above named SIGNATURE	d entity submits this statement for the purpose of changing its regis ELINSTER BRINKLEY Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	02/04/2020
The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its regis E: LINSTER BRINKLEY Electronic Signature of Registered Agent ctor Detail :			02/04/2020
The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its regis E: LINSTER BRINKLEY Electronic Signature of Registered Agent ctor Detail : POLL	Title	P	02/04/2020

1490 PASADENA AVENUE S. SOUTH PASADENA, FL 33707

DOCUMENT# P02000092408

Current Principal Place of Business:

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SHAMROCK DENTAL FRANCHISES, INC.

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.

SIGNATURE: STEVE POLLOCK

PRESIDENT

02/04/2020

Electronic Signature of Signing Officer/Director Detail

FILED Feb 04, 2020 **Secretary of State** 6827620263CC

Date