## 463977

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SECULVED

O SIMMONS MAY 1 2 2021 CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker -- EXT#

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195  REFERENCE : 801412 4369500  AUTHORIZATION :  COST LIMIT : \$ 35.00  ORDER DATE : May 10, 2021  ORDER TIME : 10:15 AM  ORDER NO. : 801412-005  CUSTOMER NO: 4369500  CHANGE OF AGENT  NAME: KNIGHT DENTAL GROUP, INC.							
COST LIMIT : \$ 35.00  ORDER DATE : May 10, 2021  ORDER TIME : 10:15 AM  ORDER NO. : 801412-005  CUSTOMER NO: 4369500  CHANGE OF AGENT  NAME: KNIGHT DENTAL GROUP, INC.			ACCOU	NT NO. :	I2000	0000195	
COST LIMIT : \$ 35.00  ORDER DATE : May 10, 2021  ORDER TIME : 10:15 AM  ORDER NO. : 801412-005  CUSTOMER NO: 4369500  CHANGE OF AGENT  NAME: KNIGHT DENTAL GROUP, INC.			REF	ERENCE :	80141	2 436950	00
ORDER DATE: May 10, 2021  ORDER TIME: 10:15 AM  ORDER NO.: 801412-005  CUSTOMER NO: 4369500  CHANGE OF AGENT  NAME: KNIGHT DENTAL GROUP, INC.  PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			AUTHORI	ZATION :	L	The second	
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NAME: KNIGHT DENTAL GROUP, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	CUSTOM	IER NO:	436950	0			
NAME: KNIGHT DENTAL GROUP, INC.  PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				<del></del>			
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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
		NAME:	KNIGHT	DENTAL G	ROUP, I	NC.	
<b>0-1</b>	PLEASE	RETURN	THE FOLLO	WING AS P	ROOF OF	FILING:	
CERTIFIED COPY		<del></del>					
XX PLAIN STAMPED COPY	XX	_ PLAIN	STAMPED C	OPY			

EXAMINER:

Amendment Section Division of Corporations

## **COVER LETTER**

TO:

W : 1. D 1.0	
SUBJECT: Knight Dental Group, Inc. Name of Corporation	
DOCUMENT NUMBER: 463977	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Name of Contact Person	
· ·	
Firm/Company	
Address	
City/State and Zip Code	
M.Griffin@comvest.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Marshall Griffin	at (561 ) 727-2052
Name of Contact Person	at ( 561 ) 727-2052  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.
Mailing Address: Amendment Section	Street Address:
Division of Corporations	Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statute ration organized under the laws of the State of <mark>Florida</mark> ce or registered agent, or both, in the State of Florida	<u>a                                     </u>
1. The name of	the corporation: Knight Denta	l Group, Inc.	
2. The principal	office address; 3659 Tampa	Road, Oldsmar, FL 34677	
2 The multiper	uddagg (if different).		
<del>-</del>	,	Document number: 463977	
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	2221 EAT
	Warren Henry Rogers		Ше: 
	214 Coe Road		-
	Clearwater	FL 33756	8: 1:2
6. The name and (if changed):	Corporation Service Compa	sistered agent (if changed) and /or registered office	
	1201 Hays Street		
	<del> </del>	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its regis	tered agent,
Such change wa authorized by the	as authorized by resolution do ne board, or the corporation b	uly adopted by its board of directors or by an officential been notified in writing of the change.	· so
	Harmeet Bindra	Harmeet Bindra CEC	)
-	10-91825939COAMEE	Printed or typed name and title	<del></del>
I hereby accept I further agree of my duties, an document is bei corporation has Corporation	the appointment as registere to comply with the provisions of I am familiar with and accing filed merely to reflect a clossen notified in writing of the Service Company	ed agent and agree to act in this capacity.  It is of all statutes relative to the proper and complete pept the obligation of my position as registered agentiange in the registered office address. I hereby confinishinge.	performance t. Or, if this irm that the
By: Joansk Ey		4/16/2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity: Amanda Asst. Vice	Robinson President	
T	yped or Printed Name		
	* * * F	ILING FEE: \$35.00 * * *	

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