

601729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

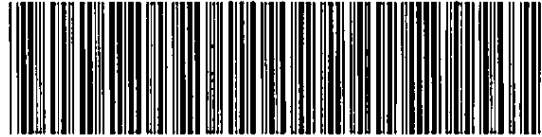
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
20 MAY 21 AM 11:31

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Melzer Means & Layne Surgery Group PA
Name of Corporation

DOCUMENT NUMBER: 601729

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:

Fred Pedroletti DMD

Name of Contact Person

Oral Surgery & Implant Center PLLC

Firm/Company

1500 San Remo Avenue #150

Address

Coral Gables FL 33146

City/State and Zip Code

fpedroletti@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Pedroletti

Name of Contact Person

at (305) 667-1191

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 21 11:42

**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: Melzer Means & Layne Surgery Group
2. The principal office address: 1500 San Remo Avenue #150

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/04/1969 Document number: 601729

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)

Jerry M Layne MD DDS

7510 SW 63 Avenue

South Miami FL 33143

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

Fred Pedroletti, DMD

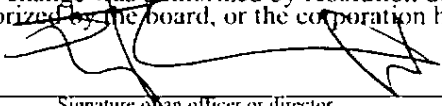
1500 San Remo Avenue #150

P.O. Box NOT acceptable

Coral Gables FL 33146

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.

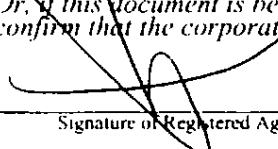


Signature of an officer or director

Fred Pedroletti, DMD

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

May 16, 2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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