

835 607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100401239931

01/31/23--01020--005 **35.00

FILED
2023 JAN 30 PM 12:19
STATE OF FLORIDA
TALLAHASSEE, FL

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line extending to the right.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2022

DELTA DENTAL INSURANCE COMPANY
1130 SANCTUARY PARKWAY
SUITE 600
ALPHARETTA, GA 30009

SUBJECT: DELTA DENTAL INSURANCE COMPANY
Ref. Number: 835607

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 722A00025326

FILED
2023 JAN 30 PM 12:10
DEPARTMENT OF STATE
TALLAHASSEE, FL
JAN 30 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delta Dental Insurance Company
Name of Corporation

DOCUMENT NUMBER: 835607

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:

Todd Elkins
Name of Contact Person
Delta Dental Insurance Company
Firm/Company
560 Mission Street, Suite 1300
Address
San Francisco, CA 94105
City/State and Zip Code

legal@delta.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Elkins at (415) 972-8455
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 JAN 30 PM 12:10
TALLAHASSEE, FL

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Delta Dental Insurance Company

2. The principal office address: 1130 Sanctuary Parkway, Alpharetta, GA 3009

3. The mailing address (if different): 560 Mission Street, Suite 1300, San Francisco, CA 94105

4. Date of incorporation/qualification: 12/17/1975 Document number: 835607

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)

Hankinson, Michael G., Esq.

495 North Keller Road, Suite 155

Maitland, FL 32751

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

Chief Financial Officer

200 E. Gaines Street

P.O. Box NOT acceptable

Tallahassee, FL 32399-0000

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.

Andrea M. Fegley
Signature of an officer or director

Andrea M. Fegley, Esq., Secretary
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

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

FILED
2023 JAN 30 PM 12:18
TALLAHASSEE, FL
DIVISION OF CORPORATIONS