

**F23 000000500**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

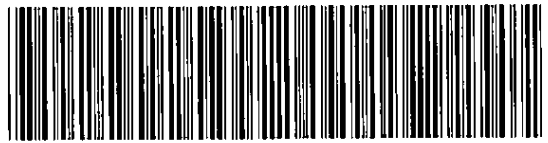
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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MAR 22 2023**

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**DATE: 03/21/2023**

**NAME: LIBERTY DENTAL PLAN CORPORATION**

**TYPE OF FILING: AMENDMENT**

**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** LIBERTY DENTAL PLAN CORPORATION

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F23000000500

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ATTN LEGAL

\_\_\_\_\_  
Name of Contact Person

LIBERTY DENTAL PLAN CORP

\_\_\_\_\_  
Firm/Company

340 COMMERCE SUITE 200

\_\_\_\_\_  
Address

IRVINE, CA 92602

\_\_\_\_\_  
City/State and Zip Code

LEGAL@LIBERTYDENTAL.PLAN.COM

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

For further information concerning this matter, please call:

LAUREN KIRWAN

at ( 949 ) 4807636

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F23000000500  
\_\_\_\_\_  
(Document number of corporation (if known))

1. LIBERTY DENTAL PLAN CORPORATION  
(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE (Incorporated under laws of) 3. 01/26/23 (Date authorized to do business in Florida)

SECRETARY OF STATE  
2023 MAR 21 AM 10:06  
TALLAHASSEE, FLORIDA

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**  
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SEE ATTACHED PAGE	SEE ATTACHED PAGE FOR DETAILS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

STEVE SOHAN

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

**REMOVE:** Director John Carvelli, 340 Commerce, Suite 200, Irvine, CA 92602 (**will remain as Vice President**).

**REMOVE:** Director Brian Regan, 599 Lexington Avenue, Suite 1800, New York, NY 10022

**REMOVE:** Director Thomas A. Scully, 599 Lexington Avenue, Suite 1800, New York, NY 10022

**REMOVE:** Director Adaeze Enekwechi, 599 Lexington Avenue, Suite 1800, New York, NY 10022

**REMOVE:** Director Scott Towers, 220 Virginia Avenue, Indianapolis, IN 46204

**REMOVE:** Director Amy Mulderry, 220 Virginia Avenue, Indianapolis, IN 46204

**REMOVE:** President Amir Neshat, 340 Commerce, Suite 200, Irvine, CA 92602 (**will remain as Sole Director**).

**ADD:** President Marti Lolli, 340 Commerce, Suite 200, Irvine, CA 92602.