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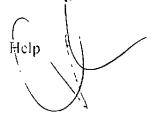
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation org	9502, 607,1508, or 617,1508, Florida Statute ganized under the laws of the State of <mark>Delawa</mark> istered agent, or both, in the State of Florida	are
1. The name of t	the corporation: Liberty Dental Plan Co	prporation	
2. The principal tustin, CA 92782	office address: 1730 Flight Way, Suite	125	
3. The mailing a	iddress (if different);		
4. Date of incorp	poration/qualification: 01/26/2023	Document number: F23000000500	
	d street address of the current registered the total states of States (If resigned, enter resigned).	d agent and registered office on file with the gned)	
	PARACORP INCORPORATED		
155 OFFICE PLAZA DRIVE, IST FLOOR			
	TALLAHASSEE, FL 32301		2024 3
6. The name and (ifchanged):	I street address of the new registered a	gent (if changed) and /or registered office	2024 HAR 13 AM 10: 3
	C T Corporation System		SSSS 7
	1200 South Pine Island Road		E
	P.O. Plantation, Florida 33324	Box NOTacceptable	<u> </u>
The street addre as changed will	ess of its registered office and the stre be identical.	et address of the business office of its regis	stered agent,
Such change wa	as authorized by resolution duly adop ne board, or the corporation has been	ned by its board of directors or by an office notified in writing of the change.	er so
/S/ STEVE SOHN STEVE SOHN, SECRETARY			
Signature of an officer or director		Printed or typed name and title	<del></del>
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent to comply with the provisions of all si d I am familiar with and accept the a ng filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete obligation of my position as registered agen the registered office address, I hereby con, ge.	performance u. Or, if this firm that the
C T Corporation	System Sa Columbia	03/08/2024	
Sig	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
T	yped 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 (04/13)

By: