

F92000000259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 NOV -4 PM 3:41

A. BUTLER

NOV - 7 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/04/2022

Acc#120160000072

*mic*

Name:	American Orthodontics Corporation
Document #:	
Order #:	14620915

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Ref# _____

Amount: \$ 43.75

Thank you!

36  
4

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: American Orthodontics Corporation  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

David Falk

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

c/o Godfrey & Kahn, S.C.

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

833 E. Michigan Street, Suite 1800

\_\_\_\_\_  
Address

Milwaukee, WI 53202

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

dfalk@ggkllaw.com

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

For further information concerning this matter, please call:

David Falk

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

at (414) 273-3500

\_\_\_\_\_  
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

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

1. The name of the corporation: American Orthodontics Corporation  
2. The principal office address: 3524 Washing Ave., Sheboygan, WI 53081  
\_\_\_\_\_  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 11/3/1992 Document number: F92000000259  
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)

Herbst, Maureen

10214 Trailwood Circle

Jupiter, FL 33478

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

CT Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Randy Benz  
Signature of an officer or director

Randy Benz, CEO

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.

Stephanie Hencz

Signature of Registered Agent

11/04/2022

Date

If signing on behalf of an entity:

Stephanie Hencz, Assistant Secretary

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 32311  
CR2045 (0-013)

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 NOV -4 AM 10:28

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