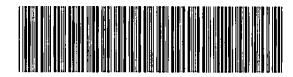
## L01000017999

(Requestor's Name)							
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PICK-UP	MAIT	MAIL					
(Business Entity Name)							
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Coast Brandon Town Center, P.L.

Name of Corporation

DOCUMENT NUMBER: L01000017999

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:

Stephanie Bies

Name of Contact Person

**Coast Dental** 

Firm/Company

5706 Benjamin Center Drive, Suite 103

Address

Tampa, FL 33634

City/State and Zip Code

legalgroup@coastdental.com

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

For further information concerning this matter, please call:

Stephanie Bies

, 813

288-1999

Name of Contact Person

Area Code & Davtime 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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Coast Brand	don Town	Center, F	<u> </u>			
2. (a)	Coast Brandon Town Center, PL	(b)	(h) Coast Brandon Town Center, PL				
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)		failing address ( (Note: MAY E		-	•
	2118 West Brandon Boulevard, #K		5706 Bei	njamin Cen	nter Drive	, Suite	e 103
	Brandon, FL 33511		Tampa, I	FL 33634	· -		
	10/16/2001	L	_0100001	17999			
3.	Date of filing/registration in Florida	4.		Document nu	amber		
5. (a)	NRAI Services, Inc.						
J. (a)	Registered Agent and Registered Office shown on the records o	of the Florida I	Dept. of State	\$			
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road	( ADDRESS)					
	Plantation F	L_33324			SEC	2019	
(b)	Adam Diasti, DDS				LL AI	2019 JUL 29	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	ress:		AHASŠEE	A	
	NEW Registered Office Address:	<del></del>			77.5	<del>ئ</del> 5	
	5706 Benjamin Center Drive, Suite 103				Ö,		
	Tampa, F	33634					
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the S of the regist liability cor of the limited lia	ered office npany, it is ted liability	e and the busing hereby confined to the confin	ness office irmed that t	of the he cha	registered nge(s)
Signat	ture of a member or authorized representative of a member			Printed or type	d name of sig	nee	
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address. If it writings of this change.	gree to act i e performa led for in Ci I hereby coi	in this capa nce of my a hapter 605, nfirm that t	icity. I furthe luties, and I o , F.S. Or, if t the limited lia	er agree to am familiar this docume ability comp	comply with a ent is b oany he	with the and accept eing filed as been
Signatu	re of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00