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(Req	uestor's Name)						
(Add	ress)						
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(City/State/Zip/Phone #)							
PICK-UP	₩AIT	MAIL					
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Certified Copies	Certificate	s of Status					
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OCT .. 2020

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	120000001	95
		REFERE	ENCE :	491179	5046129
		AUTHORIZAT	CION :	Smelle	enan
		COST LI	MIT :	\$ 25.00	
ORDER D	DATE :	October 28,	2020		
ORDER T	TIME :	11:52 AM			
ORDER N	10. :	491179-005			
CUSTOME	R NO:	5046129			
		CHANGE	OF AGEN	<u>r</u>	
	NAME:	ENDODONTI L.L.C.	C EDUCA'	rion semina	RS,
		THE FOLLOWIN	G AS PRO	OOF OF FILI	NG:
		STAMPED COPY	-		
CONTACT	PERSON	I: Amanda Ro	binson	ехт# <i>68</i> 9	L08

EXAMINER:

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.

ı.	Na	ame of the limited liability company: Endodontic Educ	cation	ı Se	minars, L.I	L.C.			
2. (a) 607 Boylston Street (b) 607 Boylston Stree					ston Street				
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of lim		,	y:
		2nd Floor			2nd Floor	r			
		Boston, MA 20116	- -		Boston, M	AA 20116			
3.		Date of filing/registration in Florida	4.	_		Document number			
5	(a)	October 22, 2001							
٥,	(a)	Registered Agent and Registered Office shown on the records of the Corpdirect Agents, Inc.	he Flo	rida l	Dept. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRI	ESS)		-			
		1200 South Pine Island Road							
		Miami , FL	3332	4		-			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office	add	ress:	-		2920 OCT	, ss
		NEW Registered Office Address:			-	•	•	(S)	
		1201 Hays Street						وسود ا	
		Tallahassee , FL	3230 ⁻	1				#E: 32	`
cha age was	nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the mill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	egiste ility the l mited	ered com imite d lia	office and pany, it is ed liability	the business office thereby confirmed to company or as officers.	c of the r	registered change(s	t O
Si	gnan	ure of a member or authorized representative of a member		GAIII	MONIOE	Printed or typed name	of signer		
I he pro the to n noti	ereb visio obli iere ified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided to reflect a change in the registered office address, I he in writing of this change.	e to a erfori for in reby	nct ir man i Ch conj	i this capa ce of my d apter 605, firm that th	nin I further core	aa ta aam	ply with h and ac s being f has bee	the ecept filed n

Signature of Registered Agent Michael Cambareri, Asst. VP

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

INHS18 (2/14)