

L01000018195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

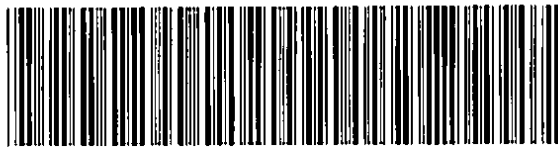
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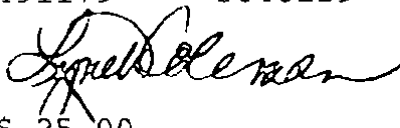
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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11/20/2020

OCT 29 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 491179 5046129
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : October 28, 2020
ORDER TIME : 11:52 AM
ORDER NO. : 491179-005
CUSTOMER NO: 5046129

CHANGE OF AGENT

NAME: ENDODONTIC EDUCATION SEMINARS,
L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

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.

INIS18 (2/14)

2020 OCT 29 AM 11: 34