

LD2000030342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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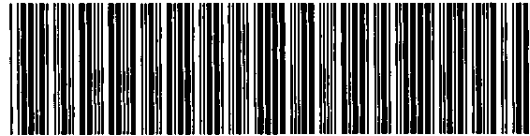
(Business Entity Name)

(Document Number)

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AND
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12 OCT 29 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 30 2012
EXAMINER

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Trinity Dental Lab, L.L.C.

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

927 Fern Street, Suite 1700
Altamonte Springs, FL 32701 US

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

01/12/2007

L02000030342

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Karen L. Goldsmith

Registered Office Address: 2180 Park Avenue North, Suite 100
Winter Park
Florida 32789 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Karen L. Goldsmith

NEW Registered Office Address: 126B N. Atlantic Avenue
(MUST BE FLORIDA STREET ADDRESS) Cocoa Beach, FL 32931

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ERIC CHAGUI

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Karen L. Goldsmith
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

APPROVED
AND
FILED

12 OCT 29 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FL 32314