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LLC REGISTERED AGENT CHANGE TOWNCARE DENTAL OF PINECREST, LLC

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MAY 0 3 2024

K. Brumbley

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.

TOWNCARE DENTAL OF PINECREST, LLC

| 2. (a) Signature of a member or authorized by an affirmative vote of the members of the limited liability company Survey | I. Na | me of the limited liability company: | | | | | | |
|--|---|--|---|--|---|---|--|---------------------------------|
| Principal office address of limited liability company: (Nate: MAY BE FORT OFFIC SUITE 202 MIAMI. FL 33156 SARASOTA, FL 34240 1.04000025379 3. Date of filing/registration in Florida 4. Document number 5. (a) Garcia, Victoria Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 6240 LAKE OSPREY DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SARASOTA FL 34240 (b) CT Corporation System Enter name of NEW Registered Agent and/or NEW Registered Office address: 1200 South Pine Island Road Plantation If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise a the articles of organization or the operating agreement of the limited liability company or as otherwise a the articles of organization or the operating agreement of the limited liability company or as otherwise a the articles of organization or the operating agreement of the limited liability company. **Load Ware C Interest and promitted agent as provided for in Chapter 603, F.S. Or, if this document is the members of the Interest capacity. I further agree in the registered agent as provided for in Chapter 603, F.S. Or, if this document is the members of the first organization of the proper and complete performance of my duties, and I am Jamiliar vivia the obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is one member in the registered agent as provided for in Chapter 603, F.S. Or, if this document is one member in the registered agent as provided for in Chapter 603, F.S. Or, if this document is one member in the registered agent as provided for in Chapter 6 | 2. (a) | 8353 SW 124 STREET | ſ | 6240 LAK | LE OSPREY DRIVE | | | |
| MIAMI. FL 33156 SARASOTA, FL 34240 04/02/2004 1.04000025379 3. Date of filing/registration in Florida 4. Document number 5. (a) Garcia, Victoria Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 6240 LAKE OSPREY DRIVE Registered Office Address (AUSY BE FLORIDA STREET ADDRESS) SARASOTA (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | ` , , - | | _ (| <i>′</i> ——— | - | * | | y: |
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