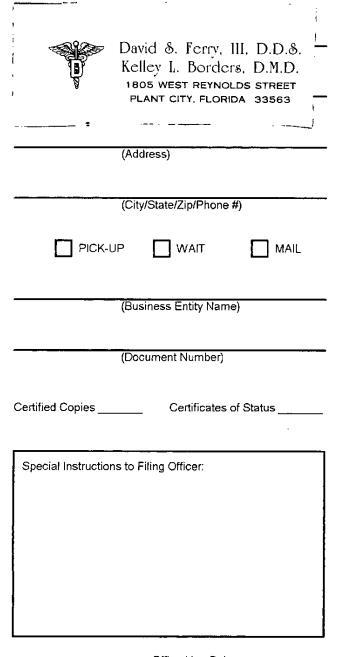
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Office Use Only



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2011 MAR - 2 AM DA 37
SECRETARY OF STATE

T. CLINE

MAK - 3.2011

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.

ageni, or boin, in the state of Florida.	
1. Name of the limited liability company: Davids Ferr	4,111, D.D.S. + Kelley L. Borders, D.M.D. P.L.
2. (a) Principal office address of limited liability compan	y: 1805 West Reynolds St.
(Note: MUST BE STREET ADDRESS)	Plant City, Fl 33563
(b) Mailing address of limited liability company:	1805 West Reynolds St.
(Note: MAY BE POST OFFICE BOX)	Plant City, Fl 33563
03/29/2005	_L05000030831
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:	BDB Agent Co.
Registered Office Address:	5355 Town Center Road suite 900
	boca Katon, F1 354800
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	On-Site Accounting Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	104 North Evers St. 5. Suite 101 Plant City ,FL 33563
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Torida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of a member or authorized representative of a member	_
Relley L. Borders, DMD Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	