

LD5000030831



David S. Ferry, III, D.D.S.
Kelley L. Borders, D.M.D.
1805 WEST REYNOLDS STREET
PLANT CITY, FLORIDA 33563

(Address)

(City/State/Zip/Phone #)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR - 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.

1. Name of the limited liability company: David S. Ferry, III, D.D.S. + Kelley L. Borders, D.M.D. P.C.

2. (a) Principal office address of limited liability company: 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
3. Date of filing/registration in Florida

L05000030831
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 Raton, FL 33486

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

NEW Registered Agent:

On-Site Accounting, Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

104 North Evers St.
Suite 101
Plant City, FL 33563

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]
Signature of a member or authorized representative of a member

Kelley L. Borders, DMD
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.

[Signature]
Signature of Registered Agent

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