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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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EXAMINER

Office Use Only

· COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Yanitza McConnell, DN (Name	MD, PLLC of Limited Liab	oility Company)		8
Dear Sir or Madam:				
The enclosed Registered Agent/Registered (Office Change a	and fee(s) are submitted for	or filing.	
Please return all correspondence concerning	this matter to t	he following:		
Yanitza McConnell, DMD				
(Name of Person)		-		
			2009 FEB 27 SEGRETAR) ALLAHASSE	
Yanitza McConnell, DMD, PLLC		_	9FEB 27 PM 3: 21 CRETARY OF STATE LAHASSEE, FLORID	CHA13
(Firm/Company)			8 2 AS	
• •			111	-
212 SE 12th Street			PM 3: 24 ef state e. Floriga	
(Address)			၌္သို့ မွဴး	E MONEY
			37 2	
Fort Lauderdale, FL 33316			<u> </u>	
(City/State and Zip Code)		-		
For further information concerning this mat	ter, please call:			
Yanitza McConnell, DMD	_ at (_ 954	v 525-6010		
(Name of Person)		ode & Daytime Telephon	ne Number)	
(Name of Follow)	(out to buy time to opnor		
CERTIFICATION ADDRESS	24.1	LING ARRESS		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314		
Enclosed is a check for the followi	ng amount:			
☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified C	Сору	

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. Na	me of the limited liability company: Yanitza McC	Connell, DMD, PLLC		;
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 212 SE 12th St Fort Lauderdale, FL 33316		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	212 SE 12th St Fort Lauderdale, FL 33316		-
09/04	/000C			
08/04 3 Da		<u>L06000076917</u> 4. Document number	7209	
) Registered Agent and Registered Office shown on	the records of the Florida Dep	t. of State: 27	
	Registered Agent:	Yanitza McConnell		İ
	Registered Office Address:	2805 E Oakland Park Blvd #130 Fort Lauderdale, FL 33306	Tr: 1 □X	6 6
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address Yanitza McConnell	:	E
NEW Registered Office Address:		212 SE 12th St		
	(MUST BE FLORIDA STREET ADDRESS)	Fort Lauderdale	FL 33316	
that a office hereb liabil limite	limited liability company is not organized under the fter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	et address of the registered officate of a Florida limited liability of an affirmative vote of the m	ce and the business by company, it is dembers of the limited	
(Printe	za McConnell d or typed name of signee) eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pr	– gree to act in this capacity. I oper and complete performand	further agree to ce of my duties, and I	
	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro- miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a comment to the limited liability company has been potified ture of Registered Agents	as registered agent as provide change in the registered office I in writing of this change.	ed for in Chapter 608, address, I hereby	

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