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SECRETARY OF STATE
TANK BAHASSEE FLORID

C. LEWIS

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EXAMINER

COVER LETTER

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SUBJECT:		Dentures o					na, l	LLC	
• .	Name	of Limited Li	iabili	ity Co	mp	any	•		
Dear Sir or Madam:	•.			-	*		٠.		
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The enclosed Registe	red Agent/Registere	ed Office Cha	inge	and f	ee(s	s) are	subm	itted f	or filing.
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For further information	on concerning this, n	natter, please	call	: t					
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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: <u>Economy</u>	/ Dentures of South Daytona, LLC					
2. (a) Principal office address of limited liability company	y:					
(Note: MUST BE STREET ADDRESS)	8463 Concord BV East Jacksonville, FL 32208					
(b) Mailing address of limited liability company:						
(Note: MAY BE POST OFFICE BOX)	8463 Concord BV East Jacksonville, FL 32208					
1/23/2007	L07000012533					
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:	Foster, Walter E III					
Registered Office Address:	315 S. Palmetto Ave					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:					
NEW Registered Agent:	Gust G. Sarris					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3947 Blvd. Center Drive					
	Jacksonville ,FL32207					
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	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization					
Signature of a member or authorized topresentance of a member						
Printed or typed name of signer	-					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand 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	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in trely reflect a change in the registered office by has been notified in writing of this change.					

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

Signature of Registered Agent