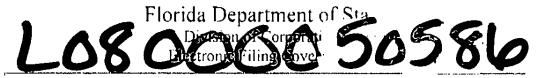
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Division of Corporations



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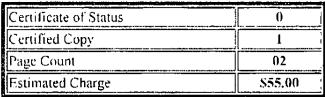
Account Name : C T CORPORATION SYSTEM

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE ADVANCED DENTAL CARE (QUAIL MEADOWS), LLC



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APR 2 4 2024

From: Kaity Toon

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.

I. Na	nme of the limited liability company: ADVANCED DI	ENTAL (CARE (QUAI	L MEADOWS), LLC			
2. (a)	2785 NW 49TH AVE		(b) 6240 LAKE OSPREY DRIVE				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	STE 102						
	OCALA, FL 34482		SARASOT	ΓA, FL 34240			
	05/21/2008		108000050	586			
3.	Date of filing/registration in Florida	_ 4.		Document number	•		
5. (a)	ALLEN, RUSSELL						
. (u)	Registered Agent and Registered Office shown on the records of 6240 LAKE OSPREY DRIVE	- e:					
	Registered Office Address (MUST BE FLORIDA STREET	_					
	SARASOTA , FI	34240		_	20:		
	C T Corporation System	_	2024 NFR				
	Enter name of NEW Registered Agent and/or NEW Registered	_	2				
				_	PH		
	NEW Registered Office Address;		_	-	တ္		
	1200 South Pine Island Road			_	ယ ယ		
	Plantation , Fl	33324					
the cha agent v was/wa	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the reg lability c of the lir limited	istered office ompany, it is nited liabilit liability con	e and the business of s hereby confirmed by company or as of	office of the registered that the change(s)		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee				
I herei provisi the obl to mero notified By:	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change. C.T. Corporation System SEANL EMERICA ASSISTANT SECRETARY THE OF REGISTERICA Agent		et in this cap nance of my Chapter 60, confirm that	**	•		