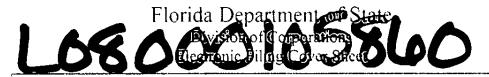
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Division of Corporations



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LLC REGISTERED AGENT CHANGE HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

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To: Page: 3 of 3 2023-11-06 10:57:24 CST 16144554862 From: James Tanks

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.

. Na	HOMESTEAD DENTA	L PRACTICE MA	NAGEMENT, LLC				
2. (a)	6240 LAKE OSPREY DRIVE	(b) _62	(b) 6240 LAKE OSPREY DRIVE				
c. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	SARASOTA, FL 34240		NRASOTA, FL 3424	10			
	11/13/2008	L08	000105860				
3.	Date of filing/registration in Florida	4.	Documen	t number			
5. (a)	RUSSELL ALLEN						
, (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	et, of State:				
	6240 LAKE OSPREY DRIVE						
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)					
	SARASOTA	34240					
		·		. 20			
(b)	C T Corporation System			73			
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address	;	<u>ک</u>			
	NEW Registered Office Address:		·	2023 NON-6 PH			
	1200 South Pinc Island Road			4 2:			
			-	: :			
	Plantation	33324		0,			
		,					
he cha igent v vas/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the registere ability comp of the limited limited liabi	ed office and the b any, it is hereby co liability company lity company.	usiness office of the registered onfirmed that the change(s) or as otherwise provided in			
Ci	Kino (VAFC)	KARA I	Printed or typed name of signee				
I heren provisi he obl o mere	by accept the appointment as registered agent and agrees of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. CT Corporation System	ree to act in i performanc d for in Cha hereby confi					

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