

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

LOG000105860

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To:
Division of Corporations
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LLC REGISTERED AGENT CHANGE
HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

Certificate of Status	0
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K. Brumbley

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.

HOMESTEAD DENTAL PRACTICE MANAGEMENT, LLC

1. Name of the limited liability company: _____

2. (a) 6240 LAKE OSPREY DRIVE

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

SARASOTA, FL 34240

11/13/2008

3. Date of filing/registration in Florida

(b) 6240 LAKE OSPREY DRIVE

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SARASOTA, FL 34240

L08000105860

4. Document number

5. (a) RUSSELL ALLEN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6240 LAKE OSPREY DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SARASOTA, FL 34240

C T Corporation System

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

Kara Korosec

KARA KOROSEC, MANAGER

Signature of a member or authorized representative of a member

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 605, 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.

By: C T Corporation System

Sean L. Emerick

Signature of Registered Agent SEAN L. EMERICK, ASSISTANT SECRETARY

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

2023 Nov-6 PM 2:46
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ADP