3/9/2020 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L09000053585

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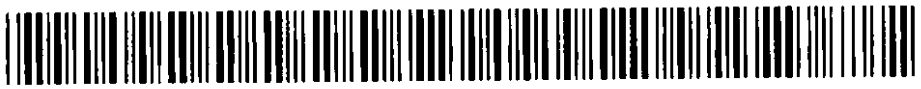
(((H20000078294 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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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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2020 MAR -9 PM 4:05

2020 MAR -9 AM 10:01

LLC REGISTERED AGENT CHANGE
OVIEDO DENTAL SPECIALISTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

SIMMONS

MAR 10 2020

Electronic Filing Menu Corporate Filing Menu Help

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.

1. Name of the limited liability company: Oviedo Dental Specialists, LLC

2. (a) 9813 Grosvenor Pointe Circle
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Windermere, Florida 34786

(b) 9813 Grosvenor Pointe Circle
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Windermere, Florida 34786

3. 04-07-2009
Date of filing/registration in Florida

4. L09000033585
Document number

5. (a) MILLER, SOUTH & MILHAUSEN, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C/O SCOTT R. ROST, ESQ.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1000 LEGION PLACE, SUITE 1200

Orlando, FL 32801

(b) Daniel J. Crofton, D.D.S., M.D.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address

9813 Grosvenor Pointe Circle

Windermere, Florida 34786, FL 33324

2020 MAR -9 AM 10:02

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.

Signature of a member or authorized representative of a member

Daniel J. Crofton, D.D.S., M.D.
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:
Signature of Registered Agent

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

ENHS18 (2/14)