

LOG 0000 74369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

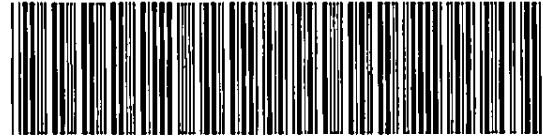
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DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/04/2024  
 Acc#I20160000072

*en: c DW*

Name:	Marion Dental Group, PLLC
Document #:	
Order #:	15902758

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
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Amount: \$ **25.00**

Thank you!

**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: Marion Dental Group, PLLC

2. (a) 9277 SE Maricamp Road, Ocala, FL 34472 (b) 9277 SE Maricamp Road, Ocala, FL 34472  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

3. 08/03/2009 Date of filing/registration in Florida 4. L09000074369 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Thomas K. Bailey, D.M.D.

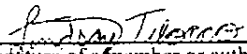
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
9277 SE Maricamp Road  
Ocala, FL 34472

2024 OCT -1 AM 8:32  
 STATE OF FLORIDA  
 TALLAHASSEE, FL

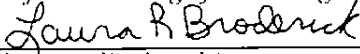
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System  
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.

 Lindsay Tilocco  
 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.*

 Laura R. Broderick, Assistant Secretary  
 Signature of Registered Agent