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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE SEP 0 7 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	ECT: Maria Name of L		staneda I					
Dear S	ir or Madam:		·	-				
The en	closed Registered Agent/Registered O	ffice (Change and	fee(s)) are submitte	d for filing	g.	
Please	return all correspondence concerning t	his m	atter to the	follow	ving:			
	Maria Castaneda DMD Name of Person							
	Maria Castaneda DMD PL Firm/Company							
	16850 Jog Rd, suite 114N Address					TALLAH	72 SE SECRE	i
	Delray Beach, FL 33446-238 City/State and Zip Code	3				ASSEE, FL	12 SEP -6 AN ID: 58	FILED
E-1	mc4smiles@aol.com mail address: (to be used for future annual report no	tification	on)			70HD 21HD	0: 58	5
For fur	ther information concerning this matte	r, ple	ase call:					
	Maria Castaneda Name of Person	_at (786) Area	Code &	266-06 Daytime Telepho	.,		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	ation Sen of Co ox 6327	orporations			
	Enclosed is a check for the following	g amo	ount:					
-	\$25 Filing Fee		\$55 F	iling F	ee & Certifie	ed Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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 comp	pany: Maria Castaneda DMD PL			
2. (a) Principal office address of lim	(a) Principal office address of limited liability company:			
(Note: MUST BE STREET	ADDRESS) 16850 Jog Rd, suite 114N Delray Beach, FL 33446-2383			
(b) Mailing address of limited lia	pility company:			
(Note: MAY BE POST OF)	FICE BOX) 16850 Jog Rd, suite 114N Delray Beach, FL 33446-2383			
Feb. 23, 2010	L10000020153			
3. Date of filing/registration in Florid	da 4. Document number			
5. (a) Registered Agent and Register	ered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Jose R. Nodarse			
Registered Office Address:	Delray Black Pl 3344B.			
(b) Enter name of <u>NEW Register</u>	red Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Maria Castaneda DMD			
NEW Registered Office Addr (MUST BE FLORIDA STRE	ress: 16850 Jog Rd, suite 114N 55 55			
	Delray Beach ,FL 33446			
confirmed that after the change or ch and the business office of the register liability company, it is hereby confirm	la			
Printed or typed name of signee	reda			
I hereby accept the appointment as a comply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the limit	registered agent and agree to act in this capacity. I further agree to uses relative to the proper and complete performance of my duties, e obligations of my position as registered agent as provided for in nt is being filed to merely reflect a change in the registered office wited liability company has been notified in writing of this change.			
Signature of Registered Agent	<u> </u>			

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