

L10000094104

Scion Dental of Falls

(Requestor's Name)

10201 NO PORT WASHINGTON RD.

(Address)

MEQUON, WI 53092

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

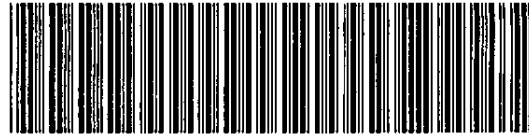
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11 FEB -4 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB -7 2011

EXAMINER

January 28, 2011

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FILED
11 FEB - 4 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: **SCION DENTAL OF FLORIDA, LLC**

Dear Sir or Madam:

On behalf of the above-referenced entity, enclosed please find the following for filing with the Florida Secretary of State:

- 1 One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2 \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.


Leana Guzman

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 company: SCION DENTAL OF FLORIDA, LLC

2. (a) Principal office address of limited liability company: 10201 North Port Washington Rd.

(Note: **MUST BE STREET ADDRESS**)

Mequon, WI 53092

(b) Mailing address of limited liability company:

10201 North Port Washington Rd.

(Note: **MAY BE POST OFFICE BOX**)

Mequon, WI 53092

9/07/2010

3. Date of filing/registration in Florida

L10000094104

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

C T CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

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

NEW Registered Agent:

Registered Agent Solutions, Inc.

NEW Registered Office Address:

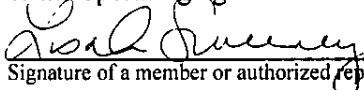
155 Office Plaza Dr.

(**MUST BE FLORIDA STREET ADDRESS**)

Suite A

Tallahassee, FL 32301

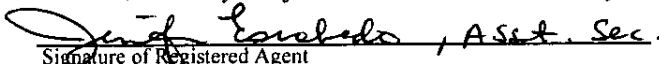
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

LISA A SWEENEY, Manager
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 608, 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.


Signature of Registered Agent

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