

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(2002						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900347280989

07/10/20 00003 -022 (**10/.60

2020 JUL 10 AM 8: 01 SECRETAGY OF STATE

D. BRUCE AUG 23 2020

COVER LETTER

TO: Registration Section Division of Corporations					
Ideal Dental Group of Orlando, SUBJECT:	LLC				
	Name of Limited L	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the	following:			
Tobi Greeman					
Name of Person					
Firm/Company					
• •					
PO Box 1210					
Address					
Whitefish, MT 59937			SES SES	2020	
City/State and Zip Coo	ie			2020 JUL 10	
tgreeman@gmail.com				01	1.00
E-mail address: (to be used for future	annual report notif	fication)	(2 C) (3 C)	7.2	100
For further information concerning this ma	tter, please call:		E Trans	ල ස	تر
Tobi Greeman	760 at (458-8609	1 73		
Name of Person		Area Code & Daytime Telepl	hone Numbe	er	
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
		rananassec, 115 52505			
Enclosed is a check for the follow	ving amount:				
■ \$25 Filing Fee	<u> </u>	355 Filing Fee & Certified Copy			

INHS18 (2/14)

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. Na	ame of the limited liability company: Ideal Dental Gro	oup of Orlando	, LLC			
2. (a)	275 S. Chickasaw Trail, Ste. 2	(b) _	940 Belvedere Rd. Ste.	Е		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*,	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Orlando, FL 32825		oyal Palm Beach, FL 3,	3411		
	12/10/10	L10	0000126897			
3.	Date of filing/registration in Florida	4.	Document m	umber		
5. (a)	Robert V Stunkel					
(,	Registered Agent and Registered Office shown on the records o	f the Florida De	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET 4 Country Rd West	(ADDRESS)				
	Village of Golf	L 33436				
(b)	Marc Anderson Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	<u>v</u> :	2020 JUL SECRETA TALLA		
	NEW Registered Office Address:					
	9940 Belvedere Rd. Ste. E					
	Royal Palm Beach , F	L 33411				
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of lability composition of the limited of limited liab	office and the business any, it is hereby conf d liability company or	s office of the registered firmed that the change(s)		
Signa	ture of a member or authorized representative of a member		Printed or type	ed name of signee		
provis, the obj to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act in a e performance ed for in Cha hereby confi	this capacity. I furthe c of my duties, and I o pter 605, F.S. Or, if i rm that the limited lic	er agree to comply with the am familiar with and accep this document is being filed ability company has been		
Signati	are of Registered Agent					