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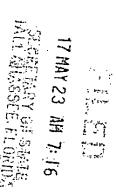
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Denied Dental Supplies, UL		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Dean Berry Name of Person		
Firm/Company		
4381 NW 124th Ave		
Coral Springs, PL 33065		
Coral Springs, PL 33065 City/State and Zip Code		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Name of Person at (954) 623 - 4524 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\Pi\$ \$55 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. Name of the limited liability company:	al Supplies, LLC
2. (a) Denied Dental Supplies, UC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
4381 MW. 1344 Ave	4381 NW 1344 Ave
Coral springs, FL 33065	Coral Springs, FL 33065
03/03/301/	L110000 2615B
3. Date of filing/registration in Florida 4.	Document number
5. (a) Berry, Dean G	
Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
4387 NW 124th Ave	
Coval Springs ,FL 3306	<u>s </u>
(b) Berry, Dean G	
Enter name of NEW Registered Agent and/or NEW Registered Office add	Iress: 6
NEW Registered Office Address:	
43EI NW 1244 AVE	
Coral Springs , FL 330	<u>65</u>
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regist agent will be identical. Or, in the case of a Florida limited liability conwas/were authorized by an affirmative vote of the members of the limit the articles of organization or the operating agreement of the limited liability of a number or authorized representative of a member. I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performative obligations of my position as registered agent as provided for in C to merely reflect a change in the registered office address, I hereby conotified in writing of this change.	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. Plan Berry Printed or typed name of signee

Signature of Registered Agent