

# L11000053383

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : ESPOSITO LAW GROUP, P.A.  
Account Number : I20140000041  
Phone : (941)251-0000  
Fax Number : (941)251-4044

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** janelle@espositolegal.com

**LLC REGISTERED AGENT CHANGE  
DAVID KIRKPATRICK, DMD, PL**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JUL 27 2016  
J. HARRIS

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: David Kirkpatrick, DMD, PL

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:

Patrick G. Bryant

Name of Person

Esposito Law Group, P.A.

Firm/Company

P.O. Box 9268

Address

Bradenton, FL 34206-9268

City/State and Zip Code

janelle@espositolegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick G. Bryant

at ( 841 )

251-0000

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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# 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: David Kirkpatrick, DMD, PL
2. (a) 2150 Harden Blvd  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Lakeland, FL 33803
- (b) 2150 Harden Blvd  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Lakeland, FL 33803
3. 05/05/2011  
Date of filing/registration in Florida
4. L11000053383  
Document number
5. (a) Stephen Donaldson  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
307 S. Willow Ave, Suite 100  
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  
Tampa, FL 33606
- (b) Esposito Law Group, P.A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
c/o Janelle L. Esposito, Esq  
NEW Registered Office Address:  
537 10th St W  
Bradenton, FL 34205

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.

David R. Kirkpatrick  
Signature of a member or authorized representative of a member

David R. Kirkpatrick, Sole Member

Printed or typed name of signer

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.

John A. Esposito Vice President  
Signature of Registered Agent

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

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