Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002309493)))



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Te:

Division of Corporations

Fax Number : (850) 617-6383

From:

 $G_{\mathcal{G}}$

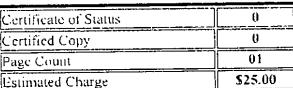
Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

Email Address:

LLC REGISTERED AGENT CHANGE MARQUIS DENTAL SPA MANAGEMENT OF AMERICA, LLC



Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG - 8 2018

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	CT: MARQUIS DENTAL SPA MANAGEMENT OF AMERICA, LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Offic	ce Change and	I fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the	following:				
Chey	venne Moseley						
	Name of Person						
Legalzoom.com, Inc.							
	Firm/Company						
101	N. Brand Blvd., 10th Floor						
	Address						
Gler	idale, CA 91203						
	City/State and Zip Code						
anne@212dentalcare.com							
	E-mail address: (to be used for future annual report notification)						
For fi	urther information concerning this matter,	please call:					
Che	yenne Moseley	800 at (773-0888 ext 9724				
	Name of Person		Area Code & Daytime Telephone Number				
	Registration Section Reg Division of Corporations Divi Clifton Building P.O		AALING ADDRESS: legistration Section Division of Corporations .O. Box 6327 fallahassee, Florida 32314				
Enclosed is a check for the following amount:							
	□ \$25 Filing Fee		\$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.

. Na:	me of the limited liability company; MARQUIS DI	ENTAL	SPA MA	NAGEMENT OF AMERICA, LLC	
			1)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) 600 Fairway Drive Ste 206		
	600 Fairway Dr Ste 206				
	Deerfield Beach, FL 33441	_ _	Deerfield Beach, FL 33441		
	06/08/2011		L110000	067241	
	06/08/2011 Date of filing/registration in Florida	4.		Document number	
. (a)					
. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SANTAMARIA, ANTHONY J				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- Si 6	
	600 Fairway Drive Ste 206				
	Deerfield Beach FI.	33441			
(b)	LINITED STATES CORPORATION AGENTS, INC.			18 AUG -8 AH 15: 1 SLOWELLAND: SEE, FLO	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			EST 9	
	13302 WINDING OAK COURT, SUITE A		RIDA RIDA		
	NEW Registered Office Address:			÷	
	TAMPA FI	3361	2		
he cha igent vas/w he art year	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of ideas of organization or the operating agreement of the large of a member or authorized representative of a member	ws of the regability of the limited W	e State of F gistered offic company, it mited liabil I linbility co filliam J S	Florida, it is hereby confirmed that after ice and the business office of the registerer is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. antamaria Printed or typed name of signes	
rayse he ob o mer totific	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 provide aly reflect a change in the registered office address, I do writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETAL STATES CORPORATION AGENTS, INC. The of Registered Agent	d for in hereby	Chapter 6 confirm the	iphony. I farmer negree to comply with and accept y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	