

L1100010114E

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

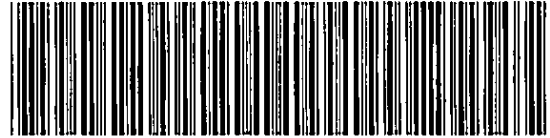
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800314566868

06/21/18--01016--020 **25.00

FILED
JUN 21 A 6:41
2018

6/22/18 DS

Wednesday, June 13, 2018

To whom it may concern:

I, Dr. Frances Ballagas CEO and owner of Innovative Endodontics LLC would like to replace the register agent Dr. Luis F. Alicea to Mr. Silvio Ballagas. Attached you'll find the requested form and a check for the amount of \$25 for the filing fee. If you need anything else, feel free to contact my office at 407-434-0305. Thank you

Sincerely,

Frances Ballagas, D.M.D.



Innovative Endodontics, LLC
7352 Stonerock Cir St B
Orlando, FL 32819

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE ENDODONTICS
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:

FRANCES BALLAGAS (SOT.)

Name of Person

INNOVATIVE ENDODONTICS

Firm/Company

7352 STONEROCK CIR ST B

Address

ORLANDO, FL 32828

City/State and Zip Code

office@innovative-endoc.com

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

For further information concerning this matter, please call:

JAZMIN FAVELA

Name of Person

at (407) 434-0305

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

**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: INNOVATIVE ENDODONTICS
2. (a) 7352 STONEROCK CIR ST B (b) P.O. BOX 692403 ORLANDO, FL
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 32866

3. 9/02/2011 4. L11000101148
Date of filing/registration in Florida Document number

5. (a) DR. LUIS F. ALICEA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7352 STONEROCK CIR ST B
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32819

- (b) MR. SILVIO BALAGAS (20%)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7352 STONEROCK CIR ST B
NEW Registered Office Address:

ORLANDO, FL 32819

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]
Signature of a member or authorized representative of a member

6/12/18
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.

[Signature]
Signature of Registered Agent