

L12000136861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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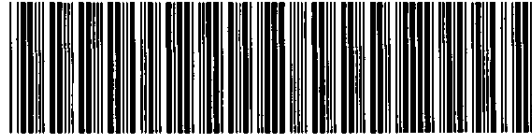
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 13 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIC DENTAL LAB, LLC.  
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:

SANDOR RINOLM III  
Name of Person

ATLANTIC DENTAL LAB, LLC  
Firm/Company

8906 S. FEDERAL HIGHWAY 1  
Address

PORT SAINT LUCIE, FL 34952  
City/State and Zip Code

ATLANTICDENTALLABS @ YAHOO. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDOR RINOLM at ( 772 ) 267 2460  
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

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: ATLANTIC DENTAL LAB, LLC

2. (a) Principal office address of limited liability company: 8906 S. FEDERAL HIGHWAY 1  
(Note: **MUST BE STREET ADDRESS**) PORT SAINT LUCIE FL 34952

(b) Mailing address of limited liability company: 8906 S. FEDERAL HIGHWAY 1  
(Note: **MAY BE POST OFFICE BOX**) PORT SAINT LUCIE FL 34952

11-01-2012  
3. Date of filing/registration in Florida

612000136861  
4. Document number

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

Registered Agent: SANDOR RINOW III

Registered Office Address: 5713 BALSAM DR  
PORT PIERCE FL 34982

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** 8906 S. FEDERAL HIGHWAY 1  
(**MUST BE FLORIDA STREET ADDRESS**) PORT SAINT LUCIE FL 34952

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

SANDOR RINOW III  
Printed or typed name of signee

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 608, 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

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