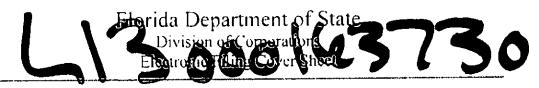
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Division of Corporations



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C. BRUMBLEY

From: Lexus Wingo

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 ugent, or both, in the State of Florida.

1. No	me of the limited liability company: Hess Orthodontic	es, PLUC	
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11970 Boyette Road	163	307 Fishhawk Bivd.
	Riverview, FL 33569	Lithia, FL 33547	
	11/21/2013	L130	000163730
3.	Date of filing/registration in Florida	4.	Document number
5 (a)	Michael A Hess		
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t, of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	11970 Boyette Road		
	Riverview, F	L_33569	
/L\	C T Corporation System		HE 9-M
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	FILED 2022 JAN - 6 PH 12: 1
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, F	L_33324	
the ch agent	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la cere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iability compa of the limited	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	/s/ Madison Pierzynski	Madison	Pierzynski
I here prove the ob- to me notific By:	ature of a member or authorized representative of a member show accept the appointment as registered agent and a sions of all statutes relative to the proper and completely actions of my position as registered agent as provided in writing of this change. C.T. Corporation System Kaity Toon, Asst. Security of Registered Agent.	ted for in Cha I hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been