## L14000093954

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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations						
SUBJECT:	PEDIATRIC DENTAL GROUP OF TAMPA, LLC						
Sebole1.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning the	nis matter to the f	following:				
DUSTIN A	A. DEDOMENICO, DMD						
	Name of Person		_				
PEDIATRI	C DENTAL GROUP OF TAI	MPA, LLC					
	Firm/Company	·	_				
11012 N. [	DALE MABRY, SUITE 302						
	Address		<b></b>				
TAMPA, F	LORIDA 33618						
	City/State and Zip Code		_				
DAD5102@	@AOL.COM						
E-mail	address: (to be used for future an	nual report notifi	cation)				
For further in	nformation concerning this matter	, please call:					
DUSTIN A	. DEDOMENICO	813 at (	997-0229				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Reg Div P.O	gistration Section rision of Corporations b. Box 6327 dahassee, Florida 32314				
	osed is a check for the followin	g amount:					
	25 Filing Fee	-	5 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.

Na	me of the limited liability company: PEDIATRIC	DEN	TAL	. GROL	JP OF TAMPA, LLC	
(a)	11012 N. DALE MABRY, SUITE 302		(b)	11012	N. DALE MABRY, SUITE 302	
(-) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	TAMPA, FLORIDA 33618	<del></del>		TAMP	A, FLORIDA 33618	
	06/11/2014			 L14000	093954	
	Date of filing/registration in Florida	4.	-		Document number	
(-\	VICKI M. DEDOMENICO					
(a)	Registered Agent and Registered Office shown on the records of	f the Fi	orida	Dept. of St	tate:	
	11012 N. DALE MABRY, SUITE 302					
	Registered Office Address (MUST BE FLORIDA STREET	CADDE	ESS	<u>}</u>	<u> </u>	
	TAMPA,	. 336	18		ECRE LLAF	
	, F	L_000			- N = m	
(b)	DUSTIN A. DEDOMENICO				グラ 2 	
U	Enter name of NEW Registered Agent and/or NEW Register	ed Offic	e ado	iress:	TO A CO	
	11012 N. DALE MABRY, SUITE 302				AHII: 01	
	NEW Registered Office Address:					
	TAMPA	336	18			
cha nt v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the liability of the limit	registy control limited l	stered off ompany, i ited liabi iability c	fice and the business office of the registe it is hereby confirmed that the change(s) ility company or as otherwise provided i	
gna	ture of a member or authorized representative of a member	•			Printed or typed name of signee	
visi obl 1erj	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in voting of this change	gree to le perf led for I herel	act orm in C by co	in this co ance of m Chapter 6 onfirm the	apacity. I further agree to comply with ny duties, and I am familiar with and ac 505, F.S. Or, if this document is being f at the limited liability company has bee	

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

Signature of Registered Agent