## LI4000134110

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
I	J. HORNE
	AUG 1 9 2024



FILED RECEIVED

Office Use Only

## **CT CORP** (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Date:

· ·

08/16/2024

mic DW

Acc#I20160000072

Name:	R. DUSTIN DIXON DMD HOLDINGS PLLC
Document #:	
Order #:	15823468

Certified Copy of Arts & Amend:	
Plain Copy:	
Certificate of Good Standing:	
Certified Copy of	
Apostille/Notarial	Country of Destination:
Certification:	Number of Certs:

Filing: 🖌	Certified: 🖌	Email Address for Annual <del>R</del> eport Notifications:
	Plain:	
	COGS:	

Availability	
Document	Amount: \$ 55.00
Examiner	
Updater	
Verifier	
W.P. Verifier	
Ref#	
	Thank you!

## 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.

a)	Principal office address of limited liability company:	(b)_	Mailing address of limited liability company
	(Note: MUST BE STREET ADDRESS)		( <u>Note: MAY BE POST OFFICE BOX</u> )
	7012 HAWKS HARBOR CIRCLE	·	7012 HAWKS HARBOR CIRCLE
	BRADENTON, FL 34207		BRADENTON, FL 34207
	08/27/2014	L	14000134170
	Date of filing/registration in Florida	4.	Document number
(a)			
(a)	Registered Agent and Registered Office shown on the records o	f the Florida D	Dept. of State:
	DFS Agent LLC		
	Registered Office Address (MUST BE FLORIDA STREET	ADDR <u>ESS)</u>	2
	1760 N Jog Rd Suite 150		024
	WEST PALM BEACH F	33411	
			6 6 6
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office addr</u>	
	C T Corporation System		2024 AUG 16 AH 9: 10
	NEW Registered Office Address:		
	1200 South Pine Island Road		
		22274	
	Plantation, F	L 33324	

Linda Wainwright, Authorized Representative

Signature of a member or authorized representative of a member

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 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.

Sandra Zwijack, Assistant Secretary عليهتن منفستك C T Corporation System

Signature of Registered Agent

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