

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L14000170570

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000160164 3)))



H160001601643ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM  
Account Number : 120000000056  
Phone : (407) 331-6620  
Fax Number : (407) 331-3030

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Court Filings @ the health law firm. com

### LLC REGISTERED AGENT CHANGE GULF VIEW DENTAL II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUL - 1 P 12:45

FILED

2016 JUL - 1 PM 1:10

CLERK OF COURT  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 05 2016  
D. BRUCE

JUL 1 2016 12:40PM

No. 0973 P. 2  
(((H16000160164 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gulf View Dental II, 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:

Christopher E. Brown

Name of Person

The Health Law Firm

Firm/Company

1101 Douglas Avenue

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

CBrown@TheHealthLawFirm.com

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

For further information concerning this matter, please call:

Christopher E. Brown

at (407) 331-6620

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

INHS18 (2/14)

FILED  
2016 JUL - 1 P 12:45  
TALLAHASSEE, FLORIDA

(((H16000160164 3)))

Jul. 1. 2016 12:40PM

((HNo. 0973016P. 3))

**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: Gulf View Dental II, LLC
2. (a) Gulf View Dental II, LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
501 Goodlette Road North, Suite B200  
Naples, Florida 34102  
11/03/14
- (b) Gulf View Dental II, LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Post Office Box 2979  
Naples, Florida 34106  
L14000170570
3. 11/03/14 Date of filing/registration in Florida
4. L14000170570 Document number
5. (a) American Safety Council, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
American Safety Council, Inc.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5125 Adanson Street, Suite 500  
Orlando, FL 32804
- (b) The Health Law Firm  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1101 Douglas Avenue  
NEW Registered Office Address:  
Altamonte Springs, FL 32714

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.

George F. Indest III, Pres. Signature of a member or authorized representative of a member  
Christopher E. Brown, Esquire 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.

George F. Indest III, Pres. Signature of Registered Agent  
George F. Indest III, President

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

FILED  
2016 JUL - 1 P 12:45  
TALLAHASSEE, FLORIDA