L14000170570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

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Requester's Name

907 Delores dr
Address

Tall FL 656-2605
City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Gulfview Dental Admin. LLC (needs filing)
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

5. _____
(Corporation Name) (Document #)

6. _____
(Corporation Name) (Document #)

7. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

CR2E031 (4/13)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulfview 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:

Kurt C. Heuerman, DDS
Name of Person

Gulfview Dental Administration, LLC
Firm/Company

4450 W. Walton Blvd.
Address

Waterford, MI 48329
City/State and Zip Code

heuerman010@comcast.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
16 JUL 12 AM 8:00

For further information concerning this matter, please call:

Lyle Russell at (248) 618-0300
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)

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: Gulfview Dental II, LLC

2. (a) Gulfview Dental II, LLC

Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

501 Goodlette Rd. N., Ste. B200

Naples, FL 34102

(b) Gulfview Dental II, LLC

Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

P. O. Box 7073

Naples, FL 34101

3. 11/03/2014
Date of filing/registration in Florida

4. L14000170570
Document number

5. (a) Dean Mourselas, DDS

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Gulfview Dental II, LLC

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

1101 Douglas Avenue

Altamonte Springs, FL 32714

(b) Gulfview Dental II, LLC

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

Dean Mourselas, DDS

NEW Registered Office Address:

P. O. Box 7073

Naples, FL 34101

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 12 AM 8:00

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 of a member or authorized representative of a member

Dean Mourselas, DDS
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.

Signature of Registered Agent

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

INHS18 (2/14)