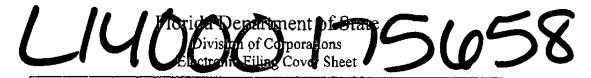
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (85

: (850)617-6383

From:

Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH 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: Cour Flings Othe health law firm Stom

LLC REGISTERED AGENT CHANGE TOLEDO BLADE FAMILY DENTISTRY, LLC

Certificate of Status	0
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COVER LETTER

TO:	Registration Section Division of Corporations		·			
SUBJ	Toledo Blade Family Dentis	itry, LLC				
	Name of Limited Liability Company					
Dear S	ir or Madam;					
The en	closed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.			
Plcase	return all correspondence concerning th	is matter to th	ne following:			
Chris	topher E. Brown					
	Name of Person					
The H	lealth Law Firm					
	Firm/Company					
1101	Douglas Avenue					
	Address					
Altan	onte Springs, Florida 32714					
	City/State and Zip Code					
CBro	wn@TheHealthLawFirm.com					
E	-mail address: (to be used for future ann	ual report not	ification)			
For fur	ther information concerning this matter,	please call:				
Christ	topher E. Brown	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, Plorida 32301	7 1 9	MAILING ADDRESS: Registration Section Division of Corporations R.O. Box 6327 Callahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHSI	3 (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.	Na	me of the limited liability company:	Toledo Blade	Family	Dentistry	, LLC			
2.	(a)	Toledo Blade Family Dentistry	, LLC	(b) Toledo Blade Family Dentistry, LLC					
	(-)	Principal office address of limited lin (Note: MUST BE STREET A		Mailing address of limited li (Note: MAY BE POST O				compan	
		18000 Toledo Blade Boulevar	rd		Post Off	fice Box 2979		_	
		Port Charlotte, Florida 33948		_	Naples,	Florida 34106			
		11/12/14			L140001	75658			
3.		Date of filing/registration in	Florida	4.		Document number			
5	(a)	American Safety Council, Inc.							
٥.	(4)	Registered Agent and Registered Office show	wn on the records of th	he Florida	Dept. of State	- e:			
		American Safety Council, Inc.							
		Registered Office Address MUST BE F	LORIDA STREET A	DDRESS	<u>)</u>	-			
		5125 Adanson Street, Suite 5	00				→ (0		
		Orlando	, FL_	32804		- -		IIIL 81	40 / 1444 {1 }
	(b)	The Health Law Firm						<u>l</u>	
(0)		Enter name of NEW Registered Aseat and/	or NEW Registered (Office ad	dress:	-		1.30	. []
		1101 Douglas Avenue					STATE STATE	MH 10: 12	FLEREIT.
		NEW Registered Office Address:				_	V GI	2	
		Altamonte Springs	pr i	32714	<u> </u>	_			
						-			
the age wa:	cha nt w s/we	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a liter authorized by an affirmative vote cles of organization or the operating a	street address of t Florida limited lia of the members of	the regi: bility co f the lim	stered office ompany, it i sited liabilit	e and the business of s hereby confirmed y company or as oth	ffice of t that the	the regi change	istered (s)
_		016.62		Chi	ristopher I	E. Brown, Esquire			
	_	ture of a member or authorized representative				Printed or typed name			
pro the to r	visi obli nere	by accept the appointment as register ons of all statutes relative to the propigations of my position as registered of the proping at the proping at the proping at the proping at the proping of this change.	ed agent and agree her and complete p agent as provided office address, I h	for in (ereby c	once of my Chapter 602 onfirm that	atilies, and I am jam 5, F.S. Or, if this do the limited llability	ee to con illiar wi cument compan	uply wi th and is being y has b	th the accept g filed een