

L14000175658
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM
Account Number : I20000000056
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
TOLEDO BLADE FAMILY DENTISTRY, LLC**

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

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05 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Toledo Blade Family Dentistry, 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)

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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: Toledo Blade Family Dentistry, LLC
2. (a) Toledo Blade Family Dentistry, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
18000 Toledo Blade Boulevard
Port Charlotte, Florida 33948
11/12/14
- (b) Toledo Blade Family Dentistry, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Post Office Box 2979
Naples, Florida 34106
L14000175658
3. 11/12/14 Date of filing/registration in Florida
4. L14000175658 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

FILED
16 JUL -1 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Christopher E. Brown, Esquire

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.

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