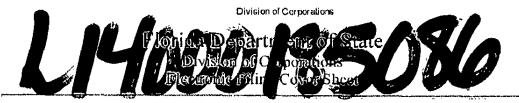
3/31/2017



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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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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| Ema | 41 | Address: |
| CIIIa | 11 | MUUI ESS. |

LLC REGISTERED AGENT CHANGE SDC TPA, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| TO: Registration Section Division of Corporations | | · | | |
|---|-------------------|----------------------------------|------------------------------------|---|
| SUBJECT: SDC TPA, LLC | | | | |
| Name | of Limited Lia | ability Company | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office | ce Change and i | fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this | s matter to the f | ollowing: | | |
| CORY GERBRANDT | | | | |
| Name of Person | | - . | | |
| CT CORPORATION | | | | |
| Firm/Company | | _ | | |
| 2075 CENTRE POINTE BLVD | | <i>,</i> | | |
| Address | | | | |
| TALLAHASSEE, FLORIDA 32308 | | | | |
| City/State and Zip Code | | - . | | |
| Tony@myseniordentalcare.com | | - | SEC SEC | |
| E-mail address: (to be used for future annu | ual report notifi | cation) | AHA AHA BAHA BAHA BAHA | 7 |
| For further information concerning this matter, | please call: | | A 31 | |
| CORY GERBRANDT | at (850 | 205-8831 | me 11 | T |
| Name of Person | | Area Code & Daytime Telep | phote Number | |
| STREET/COURIER ADDRESS: | MA | AILING ADDRESS: | D | |
| | | Registration Section | | |
| Division of Corporations Di | | rision of Corporations | | |
| | |). Box 6327 | | |
| 2661 Executive Center Circle Tallahassec, Florida 32301 | Tal | lahassee, Florida 32314 . | | |
| Enclosed is a check for the following | amount: | | | |
| ☑ \$25 Filing Fce | □ \$5 | \$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.

| . Na | me of the limited liability company: SDC TPA, LI | .C 👍 | | |
|--|---|---|---|--|
| 2. (a) | 16119 STATE RD 71 S BLOUNSTOWN, FL 3 | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 01.01.2015 | | L14000185086 | |
| ·. | Date of filing/registration in Florida | 4. | Document number | |
| (-) | | | | |
| . (a) | Registered Agent and Registered Office shown on the records of | the Florida Dept. o | f State: | |
| | TONY B. LAYNE | • | • | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | |
| | 16119 STATE RD 71 | | Z | |
| | BLOUNTSTOWN , FI | 32424 | LCRE I | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | | 31 SSE | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office address: | | |
| | National Registered Agents, Inc. | | STATE LORRING | |
| | NEW Registered Office Address: | | | |
| | 1200 South Pine Island Road | | | |
| | Plantation | 33324 | , | |
| he cha gent v vas/we | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by any affirmative vote of the members cles of organization or the operating agreement of the | ws of the State of f the registered of iability company of the limited lia | office and the business office of the regist y, it is hereby confirmed that the change(s ability company or as otherwise provided | |
| ic arti | cles to organization of the operating agreement of the | • | GERBRANDT | |
| Signal | ture of a member or authorized representative of a member | | Printed or typed name of signee | |
| herel rovisi he obl mene otifibi | by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d provided the factories of this stante | ree to act in this e performance of ed for in Chapter hereby confirm | s capacity. I further agree to comply with f my duties, and I am familiar with and ac r 605, F.S. Or, if this document is being f that the limited liability company has bee | |

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