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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
(Only otale Ziph Hone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							
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Office Use Only



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COVER LETTER

	gistration Section vision of Corporations		,				
SUBJECT:	DENTRA LLC						
ocosec i	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Off	ice Chang	age and fee(s) are submitted for filing.				
Please retur	m all correspondence concerning th	is matter t	to the following:				
DEBORA	AH HAAKER						
	Name of Person						
CROWE	LLP						
	Firm/Company						
541 DAR	BY CREEK, SUITE 270						
	Address						
LEXINGT	TON, KY 40509						
	City/State and Zip Code						
DEBBIE.	HAAKER@CROWE.COM /la	uramartin	nezrealtor@gmail.com				
É-mai	l address: (to be used for future ann	ual report	rt notification)				
For further	information concerning this matter,	please ca	eall:				
Maria M	fartinez	at (7865878557				
	Name of Person		Area Code & Daytime Telephone Number				
ST	REET/COURIER ADDRESS:		MAILING ADDRESS:				
	gistration Section	Registration Section					
	vision of Corporations	Division of Corporations					
	flon Building	<u>•</u>					
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
Enc	closed is a check for the following	amount:	t:				
4 9	\$25 Filing Fee		S55 Filing Fee & Certified Copy				
INHS18 (2/I	4)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State 6 Florida

I. Na	me of the limited liability company: DENTR	A LLC			
2. (a)		(t	o)		
(,	Principal office address of limited liability compa			•	Tlimited liability company: E POST OFFICE BOX)
	9500 W BAY HARBOR DR, 3H		541 DA	RBY CREEK	, SUITE 270
	BAY HARBOR ISLANDS, FL 33154		LEXING	STON, KY 40	509
	01/20/2015		L150000	11709	
3.	Date of filing/registration in Florida	4.	 	Document nui	nber
5. (a)	Registered Agent and Registered Office shown on the rec	and of the Claride	Dent of Stat	_	
	ANDRE REUTER	cords of the Florida	i Dept. of Stat	c.	
	Registered Office Address (MUST BE FLORIDA ST 1690 NE 144TH STREET	TREET ADDRESS	<u> </u>	_	
	MIAMI	_, _{FL} 33181		_	# ₅
				_	2010 JUL 1971
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office ad	dress:	_	المراجع
	MARIA LAURA MARTINEZ				
	NEW Registered Office Address:			_	2:46
	4216 MONROE ST			_	. o
	HOLLYWOOD	_{FL} _33021		_	
the cha agent w was/we	imited liability company is not organized underinge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida limperer authorized by an affirmative vote of the menuals of organization or the operating agreement	lress of the regis nited liability co nbers of the lim	stered office ompany, it i sited liabilit	e and the busing s hereby confir y company or a	ess office of the registered med that the change(s)
Signat	Thomas Kutsukas are of a member or authorized representative of a member		·	Thomas Printed or typed	Kutsukos name of signee
provisi the obli to mere	by accept the appointment as registered agent a ons of all statutes relative to the proper and con igutions of my position as registered agent as p dy reflect a change in the registered office addi I in writing of this change.	ind agree to act mplete perform provided for in C ress, I hereby co	in this cap ance of my hapter 605 onfirm that	acity I further duties, and I ar 5, F.S. Or, if th the limited liah	agree to comply with the n familiar with and accept is document is being filed pility company has been

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

Maria Lawra Marfin Signature of Registered Agent