

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

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : 126010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

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Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
SANMAR DENTAL MANAGEMENT OF ILLINOIS, LLC**

Certificate of Status	0
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AUG 02 2018

# 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: SANMAR DENTAL MANAGEMENT OF ILLINOIS, LLC
2. (a) 600 Fairway Dr  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Ste 206  
DEERFIELD BEACH, FL 33441
- (b) 600 Fairway Dr  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Ste 206  
DEERFIELD BEACH, FL 33441
3. 08/07/2015  
Date of filing/registration in Florida
4. L15000135264  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
SANTAMARIA, ANTHONY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
600 Fairway Dr Ste 206  
DEERFIELD BEACH, FL 33441
- (b) UNITED STATES CORPORATION AGENTS, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
13302 WINDING OAK COURT, SUITE A  
NEW Registered Office Address:  
TAMPA, FL 33612

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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.

Susana Nino  
Signature of a member of authorized representative of a member

SUSANA NINO  
Printed or typed name of signer

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.

Cheryl Moseley  
Signature of Registered Agent  
CHELYNNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
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