

L15000138917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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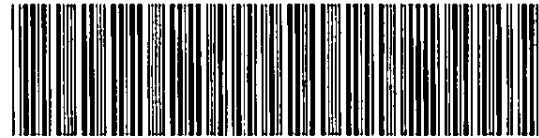
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 26 2017

SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SA Dentistry Properties 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:

SEEMA Amin
Name of Person

SA Dentistry Properties LLC
Firm/Company

2611 Keystone Road Ste B7
Address

Tampa Springs FL 34688
City/State and Zip Code

sadentistry@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seema Amin at (727) 937-4285
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

**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: SA Dentistry Properties
2. (a) 2611 Keystone Road Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Ste B7
Tampa Springs, FL 34688
- (b) 2611 Keystone Rd Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Ste B7
Tampa Springs FL 34688
3. 8/13/2015 Date of filing/registration in Florida
4. L15000138917 Document number
5. (a) SA Dentistry PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
39342 US Hwy 19
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa Springs
FL 34689
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
2611 Keystone Rd Ste B7
NEW Registered Office Address:
Tampa Springs FL 34688

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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.

Seema Amin
Signature of a member or authorized representative of a member

SEEMA AMIN
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.

Seema Amin
Signature of Registered Agent