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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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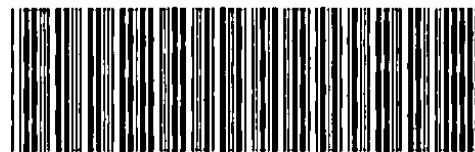
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMUEUX

OCT 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rebecca L Warnken, DDS, PLLC

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:

Rebecca Warnken

Name of Person

Rebecca L Warnken, DDS, PLLC

Firm/Company

26908 Foggy Creek Road Suite 101

Address

Wesley Chapel, FL 33544

City/State and Zip Code

rwarnkendds@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Warnken

813 731-0444
at ()

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 OFFICE OR REGISTERED AGENT OF
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, Florida.

1. Name of the limited liability company: Rebecca L Warnken, DDS PLLC
2. (a) Rebecca Warnken
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
26908 Foggy Creek Rd suite 101
Wesley Chapel, FL 33544
10/05/2015
- (b) Rebecca Warnken
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
6816 Scenic Drive
Apollo Beach, FL 33572
L15000169531
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD SUITE 36
Orlando, FL 32822
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
MCILWAIN DENTAL SPECIALISTS
NEW Registered Office Address:
26908 Foggy Creek Road Suite 101
WESLEY CHAPEL, FL 33544

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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]
Signature of a member or authorized representative of a member

Rebecca L Warnken
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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.

[Signature]
Signature of Registered Agent