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Division of Corporations

Florida Department of State Division of Corporations Electronic Filling Cover Sheet

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LLC REGISTERED AGENT CHANGE DENTAL ASSOCIATES OF FLORIDA (LAKELAND), PLLC

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APR 25 2024

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $^{-1}$ $^{-1}$ $^{-1}$ $^{-1}$ $^{-1}$

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.

I. Na	ame of the limited liability company: DENTAL ASSOC	HATES OF	FLORIDA (LAKELAND), PLLC			
2. (a)	3550 Harden Boulevard	1	(b) 6240 Lake Osprey Dr			
2. (4)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(0) =	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite 101		Sarasota, FL 34240			
	LAKELAND, FL 33803	- -				
	08/17/2016	L	16000154495			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	RUSSELL ALLEN					
(Registered Agent and Registered Office shown on the records of	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET) 6240 Lake Osprey Dr					
	Sarasota, FL	34240	2024 AFR			
(b)	C T Corporation System	4FR 25				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	9. bit 2			
	NEW Registered Office Address:		: 27			
	1200 South Pine Island Road					
	Plantation, FL	33324				
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the St the registe ability com if the limite limited lia	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in			
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee			
I herei provisi the obl to mero notified By:	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. If I in writing of this change.	performan d för in Ch nereby conj	this canacity. I further agree to comply with the			