

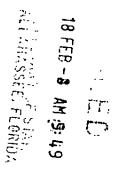
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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	SANITAS DENTAL MANAGE	SANITAS DENTAL MANAGEMENT LLC					
		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the	following:				
VIVIA	ANA RAAD						
	Name of Person		_				
SANI	TAS USA INC						
	Firm/Company		_				
1819	SE 17TH ST UNIT CU-1						
	Address						
FOR	T LAUDERDALE, FL 33316						
	City/State and Zip Code		<del></del>				
VRA	AD@COLSANITAS.COM						
E-mail address: (to be used for future annual report notification)							
For fur	rther information concerning this matter, p	please call:					
VIVIA	NA RAAD	305	340-2084				
	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:							
	<b>☑</b> \$25 Filing Fee	<b>-</b> \$	55 Filing Fee & Certified Copy				
INHS1	8 (2/14)						

## 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

I. Na	ame of the limited liability company:	NITAS DEN	NTAL MANA	AGEMENT LLC
2. (a)	1819 SE 17TH STREET		(b)	
ω. (α <i>)</i>	Principal office address of limited liabilit (Note: MUST BE STREET ADD		_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	UNIT CU I			
	FORT LAUDERDALE, FL 33316			
	01/05/2017		L170	00004086
3.	Date of filing/registration in Flo	orida	4.	Document number
5. (a)	GALVAN MESSICK, PLLC			
J. (u)	Registered Agent and Registered Office shown o	n the records of th	ne Florida Dept. o	of State:
	951 YAMATO ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			— 18 F
	SUITE 250			EB FEB
(b)	BOCA RATON	, FL_	33431	
	FEDERICO GIL PEREZ			FE FLORIC
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered (	Office address:	
	1819 SE 17TH STREET			•
	NEW Registered Office Address:			
	UNIT CU-1		<u> </u>	
	FORT LAUDERDALE	, FL	33316	
the cha agent was/w the art Signa I here provis the obt	ange or changes are made, the Florida strewill be identical. Or, in the case of a Florida strewill be identical. Or, in the case of a Florida strewill be identical. Or, in the case of a Florida strewill be appointment as registered at the appointment at	eet address of pida limited lia the members of the limember	the registered bility company the limited liability imited liability FEDERIC F	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.  CO GIL PEREZ  Printed or typed name of signce  s capacity. I further agree to comply with the fry duties, and I am familiar with and accept that the limited liability company has been
	are of Registered Agynt			
-	<del>-</del> 7			

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