L17000043639

| (Requestor's Name) | | | | | | |
|-----------------------------------------|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



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18 APR 12 PH 2: 57
SCORETARY OF STATE
TALLAMASSEE FROM

K SALY APR 13 2018

CQVER LETTER

| TO: | CO: Registration Section Division of Corporations | | | | | | | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------|--------------------------------------|--|--|--|--|--|
| SUBJI | Address Change /Dens Dental Lab LLC | | | | | | | |
| | Name of Limited Liability Company | | | | | | | |
| Dear S | ir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | | | |
| Please | return all correspondence concerning th | is matter to the fo | ollowing: | | | | | |
| Dono | ld Dunaan | | | | | | | |
| Donald Duncan | | | | | | | | |
| Name of Person | | | | | | | | |
| Dens Dental Lab LLC | | | | | | | | |
| *************************************** | Firm/Company | | _ | | | | | |
| 1915 | NE 45 Street Suite 201 | | | | | | | |
| | Address | · | _ | | | | | |
| Ft. La | auderdale Fl.33308 | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| dndui | nc9@aol.com | | | | | | | |
| E | E-mail address: (to be used for future and | ual report notific | ation) | | | | | |
| For fur | ther information concerning this matter | please call: | | | | | | |
| Dona | ld Duncan | 786 | 2341901 | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | |
| | STREET/COURIER ADDRESS: | MA | ILING ADDRESS: | | | | | |
| | Registration Section | _ | istration Section | | | | | |
| | Division of Corporations | | sion of Corporations | | | | | |
| | Clifton Building | | Box 6327 | | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | l all | ahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| | ■ \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | | | | |

INHS18 (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.

| Name of the limited liability company: Dens Dental Lab LLC | | | | | | | |
|--------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 2. (| (a) | Principal office address of limited liability company: | _ (| b) | Mailing address of limited liability company: | | |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST OFFICE BOX) | | |
| | | 1915 NE 45th Street Suite 201 | _ | 1915 NE | E 45th Street Suite 201 | | |
| | | Ft.Lauderdale Fl.33308 | _ | Ft Laud | erdale FL 33308 | | |
| | | Feb,23 1917 | | L170000 | 43639 | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. | (a) | | | | | | |
| ٥. | (α) | Registered Agent and Registered Office shown on the records of the | he Floric | ia Dept. of Stat | re: | | |
| Donald Duncan | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>(S)</u> | - ⊊⊆ æ | | |
| | | 4850 NW 29th Court Apt 120 | | | | | |
| | | Lauderdale Lakes , FL | 33308 | 3 | FILED APR 12 PN 2: 57 RETARY OF STATE ANASSEE, FLORIDA | | |
| | | , | | | | | |
| (| (b) | Enter name of NEW Registered Agent and/or NEW Registered | PR 2: | | | | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | | |
| | | 57 FD. | | | | | |
| | | NEW Registered Office Address: | | | _ | | |
| ft. Lauderdale | | | | | | | |
| 33308 | | | | | | | |
| the age was the | cha nt w s/we arti | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of clerifo organization or the operating agreement of the law. | vs of th the reg bility of the lin limited | e State of Flistered office company, it is mited liabilit | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany. | | |
| Signature of a member or authorized representative of a member | | | | | Printed or typed name of signee | | |
| pro the to n | visit obli nere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change in the careful of this office address. | ee to ac perforn I for in eereby c | ct in this cap nance of my Chapter 602 confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | | |
| Sign | natur | re of Registered Agent | | | | | |