## L17000079940

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(Address)								
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## COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations								
SUBJI	ELITE DENTAL HYGIENE CONSULTANTS, LLC								
AU DO	Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Off	fice Change and	I fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the	following:						
ADEI	_A E MILLS								
	Name of Person		<del></del>						
ELITI	E DENTAL HYGIENE CONSULTA	ANTS, LLC							
	Firm/Company		_						
9103	SW 206TH ST								
	Address		<del>_</del>						
CUTI	LER BAY, FL 33189	·							
	City/State and Zip Code		<del>_</del>						
ADEI	_AMILLS21@GMAIL.COM								
<u> </u>	E-mail address: (to be used for future and	nual report noti	fication)						
For fu	rther information concerning this matter	, please call:							
ADEI	_A E MILLS	786	512-8951						
	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	Ro Di P.	AILING ADDRESS: egistration Section livision of Corporations O. Box 6327 allahassee, Florida 32314						
	Enclosed is a check for the following	g amount:							
	S25 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

1-10	m w								
1.	Na	me of the limited liability company: ELITE	DENTA	L HY	GIENE CO	NSULTANTS	S, LLC		
2.	(a)	9103 SW 206TH ST, CUTLER BAY FI	_ 33189	(	<sub>b)</sub> SAME A	S PRINCIPAL	L ADDRES	S	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
		9103 SW 206TH ST			9103 SW	V 206TH ST			
		CUTLER BAY FL 33189		CUTLER BAY FL 33189 L17000079940					
		04/10/2017							
3.		Date of filing/registration in Florida		4.		Document numb	ber	•	
5	(a)	UNITED STATES CORPORATION A	GENTS	, INC					
٠.	<b>\</b> ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat UNITED STATES CORPORATION AGENTS, INC				: ::	TALL TALL	<u>ي</u> -	
(		Registered Office Address (MUST BE FLORIDA'S  13302 WINDING OAK COURT- A		<b>≥</b> ≥ >					
		TAMPA,	. FL <sup>3</sup>	3612	2	•	SEE.	5	
	(b)	ADELA E MILLS					PR 30 AM 10: 22	E	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				22 10A			
		ADELA E MILLS							
		NEW Registered Office Address:				•			
		9103 SW 206TH ST			<del> </del>				
		CUTLER BAY	, FL_3	3189	)				
the age	cha ent w s/we	imited liability company is not organized unde nge or changes are made, the Florida street ad- vill be identical. Or, in the case of a Florida line are authorized by an affirmative vote of the me cles of organization or the operating agreement	dress of t mited liab mbers of	he reg pility of the lit	istered office company, it is nited liability	e and the busines s hereby confirm y company or as	ss office of the ned that the ch	e registered ange(s)	
		( July mels		AC	ELA É MIL	LS			
	Signat	are of a member or authorized representative of a member	er		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. delas

Signature of Registered Agent