

L1700083056

(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



300300117273

06/12/17--01016--013 **35.00

17 JUN 16 2017
S. YOUNG

JUN 16 2017
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Heights Family Dentistry - Registered Agent Address Change
Name of Corporation

DOCUMENT NUMBER: L17000083056

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Kazimierowski

Name of Contact Person

Tampa Heights Family Dentistry, LLC

Firm/Company

777 N. Ashley Dr, Unit 914

Address

Tampa, FL 33602

City/State and Zip Code

kazimieb@yahoo.com

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

For further information concerning this matter, please call:

Bryan Kazimierowski

Name of Contact Person

at (**813**) **777-7011**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tampa Heights Family Dentistry, LLC
2. The principal office address: 300 W. Hillsborough Ave., Tampa, FL 33604
3. The mailing address (if different): 777 N. Ashley Dr, Unit 914, Tampa, FL 33602
4. Date of incorporation/qualification: 4/13/2017 Document number: L17000083056
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Bryan J. Kazimierowski

3302 N. Tampa St

Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bryan J. Kazimierowski

777 N. Ashley Dr, Unit 914

P.O. Box NOT acceptable

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

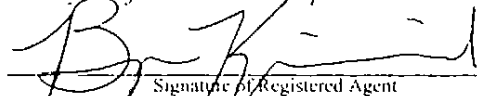


Signature of an officer or director

Kali George, Member

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

5/22/17

Date

If signing on behalf of an entity:

Bryan Kazimierowski

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314