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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chelsea Garcia

Name of Person

Seaside Smiles Pediatric Dentistry PLLC

Firm/Company

3725 12th Court, Ste. B

Address

Vero Beach, Florida, 32960

City/State and Zip Code

cegarcia.dmd@gmail.com

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

For further information concerning this matter, please call:

Chelsea Garcia

8711021 ____)___

727 at (____

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:

☑ \$25 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 Florida.

Name o	of the limited liability company:	Seaside Smiles	s Pedia	atric Dent	istry PLLC		
	3725 12th Court, Ste. B			(b) 3725 12th Court, Ste. B			
(u)	Principal office address of limited lin (Note: MUST BE STREET A		_ (0)		failing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
Ve	ero Beach, Florida, 32960		-	Vero Bea	ach, Florida, 32960		
4/2	5/2017		-	_1700009	2036		
	Date of filing/registration it	1 Florida	4		Document number		
(a) Ch	elsea Garcia						
Regi	stered Agent and Registered Office show 25 12th Court, Ste. B	wn on the records of the	e Florida	Dept. of State			
Reg	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
Ve	ro Beach	_{F1} 3	2960				
(b)	Garcia						
Ente	r name of <u>NEW Registered Agent</u> and	/or <u>NEW Registered O</u>	Office add	l <u>ress</u> :	.27		
37	25 12th Court, Ste. B				*		
<u>NE</u>	W Registered Office Address:						
Ve	ero Beach	FL 3	2960				
e change ent will b as/were a	or changes are made, the Florida be identical. Or, in the case of a	i street address of the Florida limited liab of the members of	he regis bility co the lim mited l	tered office mpany, it is ited liability			
Signature o	f a member or authorized representative	of a member			Printed or typed name of signee		
hereby ac ovisions e obligati merely re	ccent the annointment as revisies	red agent and agre	e to act erforma for in C ereby co	in this capa ance of my a Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been		
ignature of	Registered Agent						
J	Division of Corp	orations• P.O. Bo	ox 6327	• Tallahas	see, FL 32314		

F1LING FEE: \$25.00

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