## 17000 211421

(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:					
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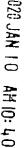
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 8, 2020

Order#: 121893/026

Re: DENTAL WHALE SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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: _DENTAL WHALE	SERVICES, LLC	
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sunrise, FL 33323		
		10/12/2017	L170002	211421
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Corporate Creations Network Inc.		
	(")	Registered Agent and Registered Office shown on the records of th	ne Florida Dept. of Sta	ate:
		11380 Prosperity Farms Road, #221E		
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	2
				.020 JAN
		Palm Beach Gardens , FL_	33410	: <u>2</u>
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	
		1201 Hays Street		_
		NEW Registered Office Address:		
		T. II. 4		_
		Tallahassee, FL_	32301	_
the age wa	cha ent w s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the registered office bility company, it the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
1	s/ Ji	II Cilmi	Jill Cilmi, Auth	orized Person
5	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
pro the to i	ovisi obli mere tifiec	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided the reflect a change in the registered office address, I have I'm writing of this change.	e to act in this caperformance of my for in Chapter 60 ereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Sig	gnatui	re of Registered Agent Corporation Service Company	BY: Ami M. Ca	sper, Asst. Vice President

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