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Objection Controller Control



J. HARRIE

## **COVER LETTER**

TO: Registration Section Division of Corporations	_
SUBJECT: Exclusive C	Ceramic Zirconia Dental Lab, a
N	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Maria C. Ra Name of Person	mirez
Exclusive Ceramic Firm/Company	Zirconia Dentel Lab
10156 Beigen CT	<del>-</del>
Boea Raton, FL City/State and Zip Code	33428
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter  Maria C. Ramice  John Ceballos  Name of Person	er, please call: 22 (78/) 888 - 2246  at (56/) 768 - 8232  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	ng 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

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l. Nar	ne of the limited liability company: Exclusive Ceramic Zirconia Dental Lab, UC
2. (a) <u>s</u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) 10/56 Bergen C7  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	DeLray Beach, FL 33483 Boca Raton, FL 33428
-	May 7, 2018  Date of filing/registration in Florida  4. Document number
3.	
	Maria C. Garlobo
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Boca Raton ,FL 33428
(b) _	Maria C. Ramirez
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	NEW Registered Office Address:
	Delray Beach ,FL 33483
he char igent w was/wer	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the office of the present of the limited liability company.
	re of a member or authorized representative of a member Printed or typed name of signee
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provisio he oblig o merel	y decept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signature	of Registered Agent
Signature	on well-street victure

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