4/25/24, 10:49 AM

Division of Corporations



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## LLC REGISTERED AGENT CHANGE MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS OF WATERFORD LAKES, PLLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 1

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:	ENS DENTIST	RY AND O	ORTHODONTICS OF WATERFORD LAKES, FLL	.c		
2. (a)	12150 LAKE UNDERHILL ROAD	a	(b) 6240 LAKE OSPREY DRIVE				
2. (u)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		·/	Mailing address of limited lin (Note: MAYBE POST O)			
	ORLANDO, FL 32825	<del></del>	SAR	LASOTA, FL 34240	<del>-</del>		
	10/15/2018	_	L1800	00240528			
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida ALLEN, RUSSELL	4.		Document number			
(**)	Registered Agent and Registered Office shown on the records of 6240 LAKE OSPREY DRIVE	of State:					
	Registered Office Address (MUST BE FLORIDA STREET	<del></del> -					
	SARASOTA , FI	34240		<u> </u>			
/L.,	C T Corporation System						
(b) .	Enter name of NEW Registered Agent and/or NEW Registered		2024 AFR				
	NEW Registered Office Address:		5.5				
	1200 South Pine Island Road				<u> </u>		
	Plantation, FI	33324			ନ <b>୍ଦ</b>		
the cha agent v was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members- icles of organization or the operating agreement of the	f the regi ability co of the lime limited	stered ompany nited lia liability	office and the business office y, it is hereby confirmed that lability company or as otherw	e of the registered the change(s)		
Signu	Signature of a member or authorized representative of a member			Printed or typed name of signee			
I hered provisi the obl to mero notified By:	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.  C. T. Corporation System  SEANL EMERICA ASSISTANT SECRETARY  THE OF REGISTERED AGENT	ed for in hereby c	t in this sance o Chapte onfirm	is canacity. I firther agree to	complewith the		