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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE RELIABLE ARTS DENTAL LABORATORY, LLC

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T. LEMIEUX HelpMAR 2 3 2023

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.

1.	Na	Name of the limited liability company: RELIABLE ARTS DENTAL LABORATORY, LLC								
2.	(a)		(b)		***************************************					
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limi (<u>Note: MAY BE PO</u>				npany:		
		7901 4th St N STE 300	7901 4th St N STE 300							
		St. Petersburg, FL 33702		St. Pete	ersburg, FL 33702					
		02/13/2019		L190000)36368					
3.		Date of filing/registration in Florida	4.		Document number	21.				
5.	(a)	NOVOA, STEVE, Esq.			_					
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
		6955 NW 52ND STREET			-					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)										
		SUITE 1								
		MIAMI , FL	33166		-					
	(b)	Northwest Registered Agent LLC								
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:	- 	_				
					· •	:::	205			
		7901 4th St N		······································			2023 # ; S			
		<u>NEW</u> Registered Office Address:				• .				
		STE 300			-	-	22	e-		
						· 	 	\subset		
		St. Petersburg , FL	33702			 또::				
the ag was the // !!	e cha ent was/we e arti Signad herel ovisi- e obli- mere	mited liability company is not organized under the law nge or changes are made, the Florida street address of table of identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. In a myriting of this change.	he regist bility cor the limit imited lia Nat S	ered office npany, it is ted liability ability con Smith	e and the business is hereby confirme y company or as o ipany. Printed or typed name	office d that therwi	of the the chase prov	registered nge(s) vided in		

Taylor Newman - Assistant Secretary

Riginium of Registered Agent