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RA Change

COVER LETTER

Division of Corporations			
SUBJECT: Hallandale Dental Group, LLC 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:			
Victoria Samuellon Name of Person			
Hallendale Destal Group, LLC Firm/Company			
200 € Halladale Bah Boulevard			
Halladale Bch, FL 33009 City/State and Zip Code			
Vickye hadactors. (om E-mail address: (to b) used for future annual report notification)			
For further information concerning this matter, please call:			
Victoria Samualion at 561 8595052 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Nai	ame of the limited liability company: Halkadale Dental Grap, LL	<u>C</u>
2. (a) _	200 E Halladale Bah Blvd Principal office address of limited liability company: (b) 200 E Halladale I Mailing address of limited liability company:	,
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE Halandyle Bead Halandyle Bead	
3.	09 13 2019 Date of filing/registration in Florida 4. Document number	
5. (a)	Invoma Dental, Inc.	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13910 JO6 road Sulta 103	
	Delray Beach FL 33446) -)
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	200 E. Halknolale Boh. Boulevard	52 10 25 10 25 10 10
	NEW Registered Office Address: Hallandale Beach, FL 33009	25
	, FL	
the char agent w was/we	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed to ange or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the charter authorized by an affirmative vote of the members of the limited liability company or as otherwise principles of organization of the operating agreement of the limited liability company.	e registered nange(s)
Signate	TUGNET TO Authorized representative of a member Tugnet of authorized representative of a member of authorized representative of a member Tugnet or typed name of signee	<u> </u>
provision the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to compions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is referred to the registered office address, I hereby confirm that the limited liability company of this change.	oly with the and accept being filed has been
Signatur	ure of Registered Agent	

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