

L2000000 57346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

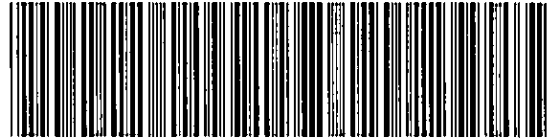
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500342761345

04.109.20--01005--016 **25.00

APR 22 2020
10:10 AM
20100501005

RA Change

APR 22 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delray 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 Samuelson
Name of Person

Delray Dental Group, LLC
Firm/Company

4765 W. Atlantic Avenue
Address

Delray Beach, FL 33498
City/State and Zip Code

Vicky @ hgdoctors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Samuelson at (561) 5595052
Name of Person 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

20 APR -9 PM 10:25

**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. Name of the limited liability company: Delray Dental Group, LLC
2. (a) 4765 W. Atlantic Avenue, Delray Bch 33445 (b) 4765 W. Atlantic Ave, Delray Bch 33445
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 2/20/2020 Date of filing/registration in Florida 4. L20000057346 Document number

5. (a) Inromg 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 Jog Road Ste 103
Delray Beach, FL 33446

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Ingrid J. Romero
NEW Registered Office Address:
4765 W. Atlantic Avenue
Delray Beach, FL 33445

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ingrid J. Romero
Signature of a member or authorized representative of a member

Ingrid J. Romero
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ingrid J. Romero
Signature of Registered Agent

20 APR - 9 PM 10:25