Florida Department of State Division of Comorations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE BEVERLY HILLS DENTAL LLC

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K Brumbley

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

(a)	Principal office address of limited liabili	itra a manare	. ((b)	Mailing addres	. at limited li		/1/13/13/2/13/2
	(Note: MUST BE STREET ADD				_	' BE POST O	_	
	7901 4th St N STE 300		_	7901	4th St N S	STE 300	<u> </u>	
	St. Petersburg FL 33702		_	St. Pet	ersburg FL	33702		
	01/10/2021			L210	000252	35		
	Date of filing/registration in Fl	orida	4.		Document	number		
(a)	ZASLAVSKY, JULIA							
(4)	Registered Agent and Registered Office shown of	on the records of th	e Flori	da Dept. of St	ate:			
	135 GARDENIA ISLES DR							
	Registered Office Address (MUST BE FLO.	<u>RIDA STREET AI</u>	<u>DDRES</u>	<u>88)</u>				
	PALM BEACH GARDENS	FL_	3341	.8			202	
(b)	PALM BEACH GARDENS Northwest Registered			.8	 _ -	FALLA	2022 AUG	<u>:</u>
(b)		Agent L	LC			SECRETAR TALLAHASS	2022 AUG 1 9	AI FIL
(b)	Northwest Registered	Agent L	LC			SECRELARY OF S FALLAHASSEE, FI	2022 AUG 19 AM	AFFROTE AND FILED
(b)	Northwest Registered Enter name of NEW Registered Agent and/or N	Agent L	LC			SECRETARY OF STA		AND
(b)	Northwest Registered Enter name of NEW Registered Agent and/or 7 7901 4th St N	Agent L	LC			SECRETARY OF STATE	A	FILED

the articles of organization or the operating agreement of the limited liability company.

Morgan Polle	Morgan Noble
Signature of a member or authorized representative of a member	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 no right of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent