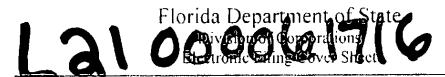
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Division of Corporations



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LLC REGISTERED AGENT CHANGE PACE-FL DENTAL SERVICES PLLC

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C. BRUMBLEY

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To.

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.

| (a) | No Change | (h) | No Change |
|-----------------------------------|--|--|---|
| (41) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 02/12/2021 | | _21000061716 |
| | Date of filing/registration in Florida DICKINSON, SCOTT C, D.M.D. | 4. | Document number |
| . (a) | Registered Agent and Registered Office shown on the records of the 4873 HWY 90 Registered Office Address | | 2022 (SECH TAL |
| | PACE , FL | 32571-1401 | FILED ENAY OF STEEL |
| (b) | C.T. Corporation System | | PH 2:06 SEE, FL |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | <u>Office addre</u> | <u>res</u> : 06 |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | | |
| | Plantation, FL_ | 33324 | |
| ie cha gent v ras/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the registe bility com f the limite | tered office and the business office of the registere inpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in |
| | gen EUI | JOE D. | DAVIS, MANAGER |
| herel rovisi he obl merc | ure of a member or authorized representative of a member by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete igations of my position as registered agent as provided for reflect a change in the registered office address, I h I in writing of this change. C T Corporation System Will Hada. Miche | perjorman I for i <mark>n</mark> Ch ereby conj | ince of my airles, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been |

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