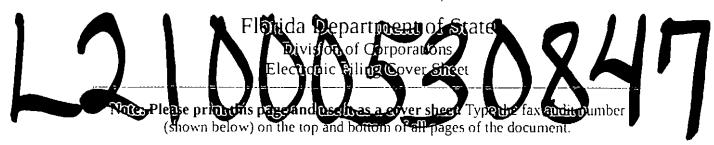
Division of Corporations



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From:

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Phone

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Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE NORTHPOINT DENTAL, PLLC

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## 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.

2. (a)	• • • • • • • • • • • • • • • • • • • •						
	7901 4th St N STE 300	7901 4th St N STE 300					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		۸	dailing address of limit INote: MAYBE POS	-		_
	St. Petersburg, FL 33702		St. Petersburg, FL 33702				
	12/17/2021	— - La	210005308	347			
3.	Date of filing/registration in Florida	4.	1	Document number			
5. (a)	Paul Jaghab, LLC						
, ,	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State	:	10	21	
	13953 Strong Eagle Dr				inite Vigo	24	
	Registered Office Address	<u> 4DDRESS)</u>				2024 NOV 12	Caracana
	Jacksonville FL	32226			255 ( 60 % 90 C) 90 C)	P.X	
(b)	NORTHWEST REGISTERED AGENT LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	<u></u> <u>PSS</u> :		SME	կ։ 07	U
	7901 4TH ST N						
	NEW Registered Office Address:						
	STE 300						
	ST. PETERSBURG , FL.	33702					
change agent w was/wo the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility com	office and pany, it is ed liability pility comp	the business office hereby confirmed to company or as other than the company of the compa	e of the i	registe change	red (s)
Zigna/	ture of a member or authorized representative of a member			Printed or typed name	of signee		
I herel provisi the obli to mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have the change in the registered office address. I have the change in the registered of the change.  Taylor Newman	ee to act in performan I for in Cho iereby conf	this capa ce of my d upter 605, irm that th	city. I further agre uties, and I am fam F.S. Or, if this do he limited liability (	re to con niliar wit cument i company	iply wi h and is being has b	ith the accept g filed wen