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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

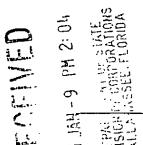
Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Conil	Address:			
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## LLC REGISTERED AGENT CHANGE CYPRESS COSMETIC AND GENERAL DENTISTRY LLC

Certificate of Status	0
Certified Copy	0
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1/9/2025 10:45:07 PST • To: 18506176383 Page: 2/2 Fax: 8134365206

## 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. 1	Name of the limited liability company: Cypress Co	osmetic and	General Dentistry LLC		
	)	(b)			
z. (u	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N STE 300	7901	L4th St N STE 300		
	St. Petersburg, FL 33702	St. Pe	etersburg, FL 33702		
	01/12/22	L22(	000026532		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	UNITED STATES CORPORATION A	GENTS, INC	<b>3</b> .		
J. (c	Registered Agent and Registered Office shown on the records of		<del></del>		
	476 Riverside Ave.				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Jacksonville	32202	2025		
(b	Registered Agents Inc		——————————————————————————————————————		
ν-	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	··· 177		
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg , FL	33702			
the clagent was/vethe ar	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete	t the registered of ability company, of the limited liab limited Robin Jo	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Printed or typed name of signce		
the or to me ngtifi	reby accept the appointment as registered agent and agrees sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	d for in Chapter hereby confirm th	605, F.S. Or, if this document is being filed hat the limited liability company has been		

Signature of Registered Agent

David Roberts - Assistant Secretary