## L23 000 434 704

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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ECRETARY OF STATE

## 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.

l Na	ame of the limited liability company:	Dentalhelp	LLC			
2. (a)	11 1 1	204 (b)				
z. (a) <u>.</u>	Principal office address of limited liability (Note: MUST BE STREET ADDRESSED FL 333	company: ESS)	Maili	ng address of limite ofe: MAY BE POS	ed liability company: TOFFICE BOX	
3. 5. (a)			Doc	000434	1704	
	Registered Agent and Registered Office shown on Registered Agent and Registered Office shown on Regist		Dept, of State:			
		DA STREET ADDRESS)		;	2024 2024	
<b>(b</b> )	Weston Eduar Angulo		326		RETARY OF	ای کا استسان ایستان از از از ا
	Enter name of NEW Registered Agent and/or NE				PASSEE, FL	
	NEW Registered Office Address:					
	Weston	<sub>, fl_</sub> 33	326			
change agent w was/we the artic	imited liability company is not organized to or changes are made, the Florida street adwill be identical. Or, in the case of a Floridare authorized by an affirmative vote of the icles of organization or the operating agree where the company of a member of a	Idress of the registered la limited liability con e members of the limit ement of the limited lia	office and the pany, it is here ed liability company of the liability c	business office by confirmed the npany or as other	of the registered hat the change(s) erwise provided i	
I hereb provision the oblination to mere notified	by accept the appointment as registered agons of all statutes/relative to the proper an igation of all statutes/relative to the proper an igation of the proper and igation of the proper and igation of the proper and in the registered office in writing by this change.	ent and agree to act is	n this canacity	I further agree	e to comply with (	the cept led
Signatur	re of Registered Agent					

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