

L9600000001066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

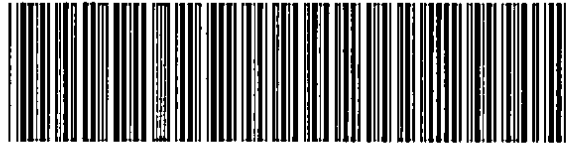
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 13 AM 8:36

2021 DEC 13 PM 3:53

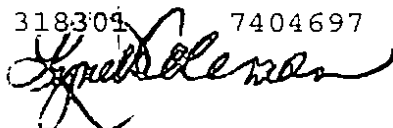
ALLA H. SO. E. FLORIDA

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RA/RD/CH

DEC 14 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 318301 7404697
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 13, 2021
ORDER TIME : 2:48 PM
ORDER NO. : 318301-005
CUSTOMER NO: 7404697

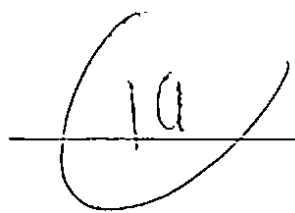
CHANGE OF AGENT

NAME: CELEBRATION DENTAL SERVICE
L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: 

**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. Name of the limited liability company: CELEBRATION DENTAL SERVICES L.C.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) <u>560 Mission Street</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Suite 1300</u> <u>San Francisco, CA 94105</u> | (b) <u>560 Mission Street</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Suite 1300</u> <u>San Francisco, CA 94105</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------|-------------------------------------------|
| 3. <u>October 10, 1996</u> Date of filing/registration in Florida | 4. <u>L96000001066</u> Document number |
|----------------------------------------------------------------------|-------------------------------------------|

5. (a) None
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent Resigned: 01/27/2017
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street

Tallahassee, FL 32301

2021 DEC 13 AM 8:36

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Michael James Castro
Signature of a member or authorized representative of a member

Michael James Castro, Authorized Person
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 notified in writing of this change.

Lindsey M. Baronie
Signature of Registered Agent
Lindsey M. Baronie, Asst. Vice President on behalf of Corporation Service Company

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