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JUL 2 4 2020 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 362713 5046129 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE : July 21, 2020 ORDER TIME : 11:04 AM ORDER NO. : 362713-005 CUSTOMER NO: 5046129 CHANGE OF AGENT NAME: BRASSELER U.S.A DENTAL, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Kadesha Roberson

CERTIFIED COPY
PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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. Na	me of the limited liability company:	.A. Dental, LLC		
) (-)		(b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	ū	limited liability company: E POST OFFICE BOX
	One Brasseler Boulevard	<u> </u>		
	Savannah, Georgia 31419	<u> </u>		
3.	Date of filing/registration in Florida		Document nun	nber
c ()	INCORP SERVICES, INC.			792
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		of State:	2020 JUL 23
	Registered Office Address (MUST BE FLORIDA STREE		<u> </u>	
	17888 67TH COURT NORTH		 _	72.
	Loxahatchee	_{EI} 33470		PH 12: 44
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company <u>NEW Registered Office Address:</u>			
	1201 Hays Street	<u> </u>		
	Tallahassee	FL		
change agent	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of	the registered off I liability compar rs of the limited I	ice and the business iy, it is hereby confir liability company or a ty company.	med that the change(s)
Sign	ature of a member or authorized representative of a member			name of signee
I here provis the ob to my notifi	by accept the appointment as registered agent and a ions of all statules relative to the proper and comple ligations of my position is registered agent as provi ely reflect a change in the registered office address; ad inwriting of this change.	tle performance Ned for in Chapt I hereby confirm	is capacity. I further of my duties, and I an er 605, F.S. Or, if th n that the limited liab N, ASST. VICE PR	is document is being filed bility company has been