M17000 009 080

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

~	istration Section ision of Corporations							
SUBJECT:	Coast Dental Management	East Colon	ial, LLC					
Name of Limited Liability Company								
Dear Sir or l	Madam;							
The enclose	d Registered Agent/Registered Of	fice Change an	nd fee(s) are submitted for filing.					
Please return	n all correspondence concerning th	is matter to th	ne following:					
Stephanie	Bies							
·	Name of Person							
Coast Der	ntal Serivces, LLC							
	Firm/Company							
5706 Benj	iamin Center Drive, Suite 103	3						
	Address							
Tampa, Fl	L 33634							
	City/State and Zip Code	<u>_</u>						
legalgroup	@coastdental.com							
E-mail	address: (to be used for future and	iual report noi	iffication)					
For further in	nformation concerning this matter.	please call:						
Stephanie	Bies	813	288-1999					
	Name of Person	(,	Area Code & Daytime Telephone Number					
Regi Divi: Clift 2661	SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle phassee, Florida 32301	R L P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314					
Encl	osed is a check for the following	amount:						
□ \$2	25 Filing Fee	2	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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. i	Name of the limited liability company: C	Coast Dental M	anagement E	ast Colonial, LLC	<u>_</u>			
2. (a	Principal Address		(b) Mailing Address					
2. (0	Principal office address of limited liabi (Note: MUST BE STREET AD)		(0)	Mailing address of limite (Note: MAY BE POS	-	-	-	
	5706 Benjamin Center Drive, S	uite 103	5706 B	enjamin Center D	rive, S	uite 1	03	
	Tampa, FL 33634		Tampa	FL 33634				
	10/24/2017		M17000	009080				
3.	Date of filing/registration in F	Torida	4.	Document number				
5. (NRAI Services, Inc.							
1	Registered Agent and Registered Office shown	on the records of the	Florida Dept. of Sta	te:				
	Registered Office Address (MUST BE FLO	ORIDA STREET ADI	DRESS)	_				
	Plantation	. FL 33	3324	-				
(b)	Adam Diasti, DDS				SEC	2019		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	RE MASS	2019 JUL 29		
	NEW Registered Office Address:			_	SSE	=		
	5706 Benjamin Center Drive, Suite 103			_		AM 11: 2		
	Tampa	, FL 33	3634		רמ	ST		
the c agen was/ the a	limited liability company is not organize hange or changes are made, the Florida stands will be identical. Or, in the case of a Flowere authorized by an affirmative vote of rticles of organization or the operating agranure of a member or authorized representative of	treet address of the orida limited liabi the members of the greement of the lin	e registered offic lity company, it he limited liabili nited liability co Adam Diasti	ce and the business of is hereby confirmed ty company or as oth mpany. j. DDS Printed or typed name	ffice of that the nerwise p	the reg change provide	gistered e(s) ed in	
пону	why accept the appointment as registered sions of all statutes relative to the proper bligations of my position as registered as rely reflect a change in the registered of red in writing of this change.	l agent and agree r and complete pe gent as provided fiftee address. I her	to act in this cap rformance of my or in Chapter 60 reby confirm that	pacity. I further agre eduties, and I am fan 5, F.S. Or, if this do t the limited liability	e to con uliar wi cument compan	rply w th and is bein y has l	ith the 'accept 'g filed heen	
Signa	ture of Registered Agent							