

M1900000 2278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

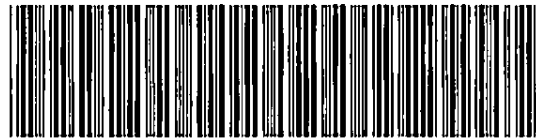
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2019

COAST DENTAL MANAGEMENT FORT MYERS, LLC
5706 BENJAMIN CENTER DR STE 103
TAMPA, FL 33634

SUBJECT: COAST DENTAL MANAGEMENT FORT MYERS, LLC
Ref. Number: M19000002278

We have received your document for COAST DENTAL MANAGEMENT FORT MYERS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 519A00023299

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast Dental Management Fort Myers, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Bies

Name of Person

Coast Dental Services, LLC

Firm/Company

5706 Benjamin Center Drive, Suite 103

Address

Tampa, FL 33634

City/State and Zip Code

legalgroup@coastdental.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Bies at (813) 288-1999

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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: Coast Dental Management Fort Myers, LLC

2. (a) Principal Address (b) Mailing Address
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
5706 Benjamin Center Drive, Suite 103 5706 Benjamin Center Drive, Suite 103
Tampa, FL 33634 Tampa, FL 33634

3. 06/30/2017 4. M1900000:2278
Date of filing/registration in Florida Document number

5. (a) NRAI Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 South Pine Island Road
Plantation, FL 33324

(b) Adam Diastl, DDS
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
5706 Benjamin Center Drive, Suite 103
Tampa, FL 33634

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.

[Signature]
Signature of a member or authorized representative of a member

Adam Diastl, DDS
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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

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