M1900000 1563

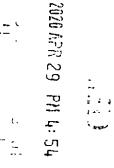
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CSIMONS

MAY 1 2 2020

COVER LETTER

Division of Corporations		•
Coast Dental Management Suv	vanee, LLC	
	Foreign Limited Liab	pility Company
Dear Sir or Madam:		
The enclosed application, certificate and	fee(s) are submitted	for filing.
Please return all correspondence concerr	ning this matter to the	following:
Stephanie Bies		
Name of Person		_
Coast Dental		
Firm/Company		_
5706 Benjamin Center Drive, Suite 103		
Address		_
Tampa, FL 33634		
City/State and Zi	p Code	-
legalgroup@coastdental.com		
E-mail address: (to be used for future	annual report notifica	ation)
For further information concerning this i	matter, please call:	
Stephanie Bies	at (813	288-6289
Name of Person	Area Code	e & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follows: \$25 Filing Fee □ \$30 Filing Fee & Certificate of S	& 📄 🗆 \$55 Filing	_

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed) 2020 APR 29 PM 4: 54

Name of limited liability Company as it appears on the records of the Florida Department of
State: Coast Dental Management Suwanee, LLC
Enter new principal office address, if applicable:
Principal office address AUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
. The Florida document number of this limited liability company is: M19000007563
. Jurisdiction of its organization: Delaware
. Date authorized to do business in Florida: 7/29/2019
SECTION II (5-9 complete only the applicable changes)
. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a opy of the written consent of the managers or managing members adopting the alternate name. The alternate name nust contain "Limited Liability Company," "L.L.C." or "LLC.")
. If amending the registered agent and/or registered officer address on our records, enter the name of the new egistered agent and/or the new registered office address here:
Same of New Registered Agent:
New Registered Office Address:
Enter Florida Street Address
. Florida Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: Thereby 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 in bility company has been notified in writing of this change.

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 2020 APR 29 Pii 4: 54							
itle/ Capacity	<u>Name</u>	Address	ype of Action				
CFO	Elizabeth Szeltner	5706 Benjamin Center Drive, Suite 103	□Add				
		Tampa, FL 33634	■Remo				
			□Add				
			□Remo				
		_	□Add				
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
			□Remo				
			□Add				
aforemention	under the law of which this entity	ated by the official having custody of records in the	□Remo				

. . . .

Filing Fee: \$25.00