

**NO40000007713**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

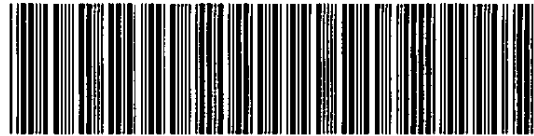
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600157258506**

600157258506  
06/17/09--01020--002 \*\*35.00

**FILED**

**2009 JUN 17 PM 2:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*R.A.*

*TB*

*6/18/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dental Care Access Foundation, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000007713

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Kestler  
(Name of Person)

Dental Care Access Foundation, Inc.  
(Name of Firm/Company)

800 N. Mills Avenue  
(Address)

Orlando, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Kestler at ( 407 ) 898-1525  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

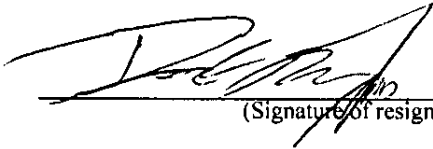
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DON E. Tillery, JR., hereby resign as Incorporator  
(Title)

of Dental Care Access Foundation, Inc.,  
(Name of Corporation)

NO400000 7713, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dental Care Access Foundation, Inc.
2. The principal office address: 800 N. Mills Avenue, Orlando, FL  
32803
3. The mailing address (if different): 1216 Edgewater Drive, Orlando,  
FL 32804
4. Date of incorporation/qualification: August 5, 2004 document number: N0400007713
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joe Forton  
1216 Edgewater Drive  
Orlando, FL 32804

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Julie Kestler  
800 N. Mills Avenue  
(P.O. Box NOT acceptable)  
Orlando, FL 32803

2009 JUN 17 PM 2:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

Chace Gredy, Director  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Julie Kestler  
(Signature of Registered Agent)

11/8/08  
(Date)

If signing on behalf of an entity:

Julie Kestler  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*