

P03000003550

(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



900246251979

04/12/13--01018--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 12 PM 12:31

R O / ch 8
@ 10 4, 18, 13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sawgrass Gentle Dentistry PA

Name of Corporation

DOCUMENT NUMBER: P03000035550

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Coty Rappaccioli

Name of Contact Person

Sawgrass Gentle Dentistry

Firm/Company

13713 W. Sunrise Blvd., Ste 205

Address

Sunrise, Florida 33323

City/State and Zip Code

954smiles@gmail.com

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

For further information concerning this matter, please call:

Coty Rappaccioli

Name of Contact Person

at 954 ²⁵¹ 521-4849 C.R.D.

Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Sawgrass Gentle Dentistry PA
2. The principal office address: 13713 W Sunrise Blvd., Ste 205
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/28/2003 Document number: P03000035550

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Coty Rappaccioli DMD

1826 SW 195 Ave

Miramar, Florida 33029-5911

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

Coty Rappaccioli DMD

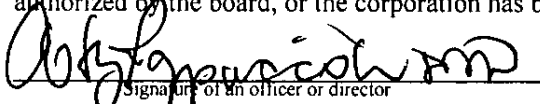
13713 W Sunrise Blvd., Ste 205

P.O. Box NOT acceptable

Sunrise, Florida 33323

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

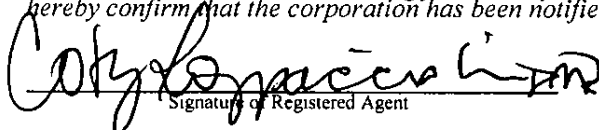
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Coty Rappaccioli DMD

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.


Signature of Registered Agent

04-05-2013

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 12 PM 12:31