

PO4000095680

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Handwritten Signature]

MAR 08 2016

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Keri A. Shenker, DMD, P.A.
Name of Corporation

DOCUMENT NUMBER: P04000095680

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:

Keri Shenker
Name of Contact Person

Keri A Shenker DMD PA
Firm/Company

201 N University Drive Ste 108
Address

Plantation FL 33324
City/State and Zip Code

~~Dr~~ DrShenker@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keri Shenker at (954) 260 9027
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Keri A Shenker DMD PA
2. The principal office address: 201 N University Drive
Suite 108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/17/04 Document number: P04 0000 95680
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)

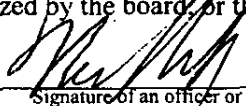
Barbara Goodman
201 N University Drive
Suite 108

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

Keri Shenker
8374 NW 28 St.
P.O. Box NOT acceptable
Cooper City, FL 33024

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

Keri A Shenker
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

2/29/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA

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