

P0500000 6818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

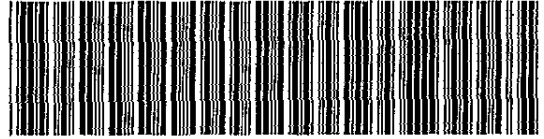
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100069909141

04/11/06--01025--002 **105.00

FILED
06 APR 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA-Change

Sg

4-3-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KINSMAN DENTAL LAB, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000006818

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

Please return all correspondence concerning this matter to the following:

LAURA SUE KINSMAN
(Name of Person)

KINSMAN DENTAL LAB, INC.
(Name of Firm/Company)

9701 SPRUCE LANE,
(Address)

ZEPHYRHILLS, FL 33544
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA SUE KINSMAN at (813) 743-3858
(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

**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: KINSMAN DENTAL LAB, INC.
2. The principal office address: 5048 MISSION SQUARE LANE, ZEPHYRHILLS, FL 33542
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JANUARY 12, 2005 Document number: P05000006818
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LAURA SUE KINSMAN

5048 MISSION SQUARE LANE,

ZEPHYRHILLS, FL 33542

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

BRUCE A. NOPPER

5048 MISSION SQUARE LANE,

(P.O. Box NOT acceptable)

ZEPHYRHILLS, FL 33542

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 11 AM 8:35

FILED

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.

Bruce A. Nopper
(Signature of an officer or director)

BRUCE A. NOPPER
(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.

Bruce A. Nopper
(Signature of Registered Agent)

4/3/06
(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 (8/05)