

PD5000013/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

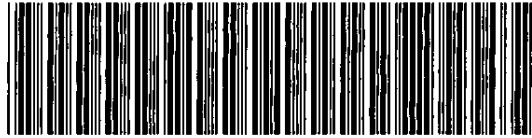
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400076046444

06/12/06--01032--008 \*\*35.00

FILED

06 JUN 12 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BS 6/15/06  
NT

**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: North STAR Dental Inc.
2. The principal office address: 1225 North Military Trail #5  
WPB Florida
3. The mailing address (if different): \_\_\_\_\_  
Ref. # P05000013105
4. Date of incorporation/qualification: 1-22-05 Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Berkeley A Nicholls  
3027 Forest Hill Blvd. # A-3  
West Palm 33406

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

Ralph Jimenez  
1225 North Military Trail # Suite 15  
W.P.B Florida - 33409.  
(P.O. Box NOT acceptable)

**FILED**  
06 JUN 12 PM 1:39  
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.

Ralph Jimenez  
(Signature of an officer or director)

Ralph Jimenez V.P.  
(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.

Ralph Jimenez  
(Signature of Registered Agent)

6/5/06  
(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)