

P05 000 140638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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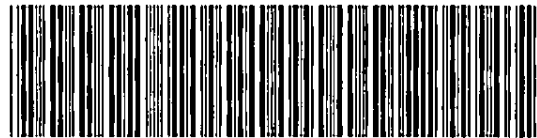
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Saul Torres DMD PA.
Name of Corporation

DOCUMENT NUMBER: P05000140638

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:

Rita Torres
Name of Contact Person

Saul Torres DMD PA
Firm/Company

4700 N Habana Ave Ste 304
Address

Tampa, FL 33614
City/State and Zip Code

mydentist@saultorresdmd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Torres
Name of Contact Person

at (913) 8776574
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Saul Torres D.M.D. P.A.
2. The principal office address: 4700 N. Habana Av. Ste 304
Tampa, FL 33614
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/14/2005 Document number: PO5000140638
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) Saul Torres
8803 Riverscape Way
Tampa, FL 33635
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Rida Torres
4700 N. Habana Av ste 304 Tampa FL
33614

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.

Saul Torres
Signature of an officer or director

Saul Torres president
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.

Rida Torres
Signature of Registered Agent

7/23/2021
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 (04/13)