

4/25/24, 4:51 AM

Division of Corporations

# PO6000047410

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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## REGISTERED AGENT CHANGE MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS OF SOUTH BROWARD, P.A.

Certificate of Status	0
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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.

MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS OF SOUTH BROWARD P A

1. The name of the corporation: \_\_\_\_\_
2. The principal office address: 9900 STIRLING ROAD, SUITE 100, HOLLYWOOD, FL 33024
3. The mailing address (if different): 6240 Lake Osprey Dr., Sarasota, FL 34240
4. Date of incorporation/qualification: 03/31/2006 Document number: P06000047410
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)

ALLEN, RUSSELL

6240 LAKE OSPREY DR.

SARASOTA, FL 34240

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Kara Korosec

Signature of an officer or director

KARA KOROSSEC, SECRETARY

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.*

C T Corporation System

By:

/S/ SEAN L. EMERICK

04/10/2024

Signature of Registered Agent

Date

If signing on behalf of an entity:

SEAN L. EMERICK, ASSISTANT SECRETARY

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)