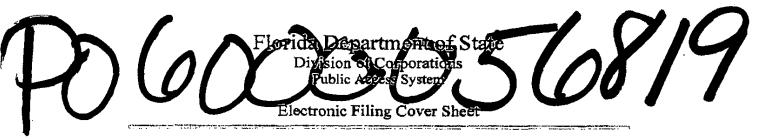
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : 120030000062 Phone : (609)716-0300 Fax Number : (609)716-0820 EGRETARY UF STATE

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REGISTERED AGENT CHANGE

affordable dentures – Tallahassee, P.A.

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(1+09000 1/89 453) STATEMENT OF CHANGE OF REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, nge is submitted for a corporation organized under th r to change its registered office or registered agent, or	e laws of the State of Florida	· · · · · · · · · · · · · · · · · · ·	
The name of the corporation: Affordable Dentures - Tallahassee, P./			 	
	office address: 2810 Sharer Road, Suite 117, Tallahas			
3. The mailing a	ddress (if different): PO Box 1042, Kinston, NC 285	503		
4. Date of incorp	poration/qualification: 04/20/2006 Docum	ent number: P06000056	819	
	street address of the current registered agent and registered agent a	stered office on file with the		
	NRAI Services, Inc.			
	526 East Park Avenue) F	200 SE	
	Tallahassee FL 32301	3	2009 MAY 13 SECRETARY	
6. The name and (if changed):	d street address of the new registered agent (if changed	and /or registered office	Y 13 PH	
	NRAI Services, Inc.			THE .
	2731 Executive Park Drive, Suite 4		2: 55	
	(P.O. Box NOT acceptable) Weston, FL 33331			
The street address changed will	ess of its registered office and the street address of the	ne business office of its regi	stered agent,	
_	as authorized by resolution duly adopted by its board he board, or the corporation has been notified in write	d of directors or by an office ting of the change.	er so	
(Signs)	ure of an officer or director)	(Printed or typed name and title)		
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as registered agent and agree to a to comply with the provisions of all statutes relative ad I am familiar with and accept the obligation of my ing filed merely to reflect a change in the registered seen notified in writing of this change. Quantum of Registered Agent)		performance nt. Or, if this ifirm that the	
If signing on be	chalf of an entity:			
	owarth, Asst. Secretay 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)

(Ho 9000 1189453)