

PO6 0000 99414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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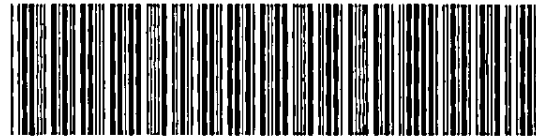
(Business Entity Name)

(Document Number)

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ALL INFORMATION - 1000

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Gentle Teeth of Pembroke Pines  
Name of Corporation

DOCUMENT NUMBER: PO6000099414

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:

Sydnee Samuel  
Name of Contact Person

Gentle Teeth of Pembroke Pines  
Firm/Company

12251 Taft Street Ste 301  
Address

Pembroke Pines FL 33026  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sydnee Samuel at ( 954 ) 997-9779  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Gentle Teeth of Pembroke Pines
2. The principal office address: 12251 Taft Street Ste 301  
Pembroke Pines FL 33026
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 7/31/2006 Document number: P06000099414
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)

Chandy Samuel  
1601 N Flamingo Rd Ste 3  
Pembroke Pines FL 33028

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

Chandy Samuel  
12251 Taft Street Ste 301  
P.O. Box NOT acceptable  
Pembroke Pines FL 33026

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TALLAHASSEE, FL

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.

Chandy Samuel  
Signature of an officer or director

Chandy Samuel-agent  
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.*

Chandy Samuel  
Signature of Registered Agent

3/12/2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*