

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : I20030000062 Phone : (609)716-0300 Fax Number : (609)716-0820 RETARY OF STATE

REGISTERED AGENT CHANGE

AFFORDABLE DENTURES-WEST PALM BEACH, P.A.

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May 12, 2009

FLORIDA DEPARTMENT OF STATE

AFFORDABLE DENTURES-WEST PALM BEACH, P.A.

PO BOX 1042

KINSTON, NC 28503

SUBJECT: AFFORDABLE DENTURES-WEST PAIM BEACH, P.A.

REF: P06000119237

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Darlene Connell Regulatory Specialist II FAX Aud. #: H09000118963 Letter Number: 409A00016079

2009 MAY 12 AM 8: 00 SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

(+ 5900 11 89 (3 3) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is	ons of sections 607,0502, 6. submitted for a corporation ange its registered office or	organized unde	r the laws of the State of	Florida	; 	-
	poration:		-			
	address: 6076 Okeechobee					
3. The mailing address	(if different): PO Box 104	12, Kinston, NC	28503			
4. Date of incorporation	n/qualification: 09/15/2008	Do	cument number: P0600	0119237		
	address of the current regis					
NR	Al Services, Inc.			_ \$c	_	
526	East Park Avenue				09 MAY	
Tall	ahassee FL 32301			CKETAR)	AY 12	entrole E E Entrole Strone
6. The name and street (if changed):	address of the new register	ed agent (if char	nged) and /or registered of	ffice Ting	2 PH 12:	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NR	Al Services, Inc.	. N		- AUS	2: 2:	
27:	31 Executive Park D		4	_ 5 m	****	
W	(P.O. Box NOT a eston, FL 33331	acceptable)		_		
The street address of as changed will be id	its registered office and the	e street address	of the business office of	its registere	d age	nt,
_	norized by resolution duly ard, or the corporation has i	adopted by its t been notified in	poard of directors or by a writing of the change.	ın officer so		
(Signature of a	officer or director)	-	(Printed or typed name an	ત લાદ)		
I hereby accept the a I further agree to con of my duties, and I a document is being fil corporation has been	ppointment as registered a nply with the provisions of n familiar with and accept ed merely to reflect a chan notified in writing of this	gent and agree all statutes rela the obligation (ge in the registe change	to act in this capacity, slive to the proper and co of my position as register ered office address, I her	omplete perf red agent. (c eby confirm	forma Or, if i that i	nce his he
Signature	M. Havay	th _	5-12-69 (Date)			-
	rth, Asst. Secretay	_				
(Typod o	r Printed Name)	ING 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)

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