

Florida Department of State

Division of Corporations Public Access System

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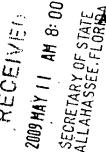
Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : 120030000062 : (609)716-0300 Phone

Fax Number : (609)716-0820







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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute nge is submitted for a corporation organized under the laws of the State of Florids	es, this		
in order	r to change its registered office or registered agent, or both, in the State of Florido	3.		
1. The name of t	he corporation: Affordable Dentures - West Melbourne, P.A			
2. The principal	office address: 1529 W. New Haven Avenue, West Melbourne, Ft. 32904	· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	ddress (if different): PO Box 1042, Kinston, NC 28503			
4. Date of incorp	poration/qualification: 10/27/2008 Document number: P06000138	3966		
5. The name and	street address of the current registered agent and registered office on file with the timent of State:			
	NRAI Services, Inc.	Āς	_	
	526 East Park Avenue	LL'AI	09 -	
	Tallahassee FL 32301	TAR IASS	HAY I	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	CRETARY OF STATE LAHASSEE FLORIDA	-	
	NRAI Services, Inc.	TATE)RID	Ģ	
	2731 Executive Park Drive, Suite 4	Þ	7	
	(P.O. Box NOT acceptable) Weston, FL 33331			
The street address changed will	ess of its registered office and the street address of the business office of its registered.	istered ag	gent,	
	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.			
(Signat	ure of an officer or director) (Frinted or typed name and title)			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complet ad I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby cost been notified in writing of this change.	e perform ent. Or t infirm tha	iance f this it the	,
(Si	gnature of Registered Agent) (Date)	-	-	
If signing on be	chalf of an entity:			
	Typod or Primed Name).			٠
,	* * * FILING FEE: \$35,00 * * *			
M CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE LAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 3231			