

8/24/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
ARGUS DENTAL & VISION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Argus Dental & Vision, Inc.

(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charity Constant

(Name of Person)

Argus Dental & Vision, Inc.

(Firm/Company)

4919 W Laurel Street

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Charity Constant

813

666-6418

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

DocuSign Envelope ID: D24E133E-C1D1-4F4B-9D8D-F0B84C59E8D4

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STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. Argus Dental & Vision, Inc.
(Name of alien business organization)
2. 06/20/2016 3. P06000144202 4. _____
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 4010 W State Street Tampa, FL 33609
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

KAVOUKLIS, NICHOLAS M, DMD

4010 W STATE STREET

TAMPA, FL 33609

7. New registered agent and/or office address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

(Note: Registered office must be a Florida street address)

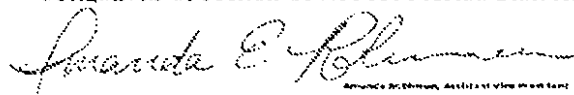
8. The street address of the registered office and the street address of the business office of the registered agent are identical.
9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. DocuSigned by:
John Tarrant
43FC03A27C6918C... (Signature of chairman, vice chairman, or officer)

11. John Tarrant, Chief Financial Officer
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.


(Registered agent accepting appointment)

08/24/2020

(Date)

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314

RNHS23 (08/05)

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