Division of Corporations Page 1 of 1

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To:

Division of Corporations

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From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : I20030000062 : (609)716-0300 Phone

Fax Number

: (609)716-0820

REGISTERED AGENT CHANGE

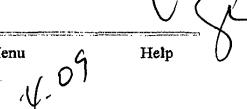
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64.09



## CHO9000 1189(43 3)

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

statement of ch	provisions of sections 607.0502, 617,0502, 607. ange is submitted for a corporation organized w er to change its registered office or registered ag	der the laws of the State of Fionds		
1. The name of	the corporation: Afforda	ble Dentures - Sarasota, P.A.		
	I office address: 4015 Cattlemen Road, Sarasota			
3. The mailing	address (if different): PO Box 1042, Kinston, N	IC 28503		
4. Date of inco	rporation/qualification: 11/28/2006	Document number: P06000147	7850	
5. The name ar	id street address of the current registered agent as			
	NRAI Services, Inc.		-1	
	FOR Food Dark Assessed		2009 JUN -3 SECRETAR TALLAHASSI	
	Tallahassee FL 32301		JUN -3 RETAR AHASS	e e
6. The name ar (if changed)	nd street address of the new registered agent (if c	nanged) and /or registered office		1 to 1 to 1
	NRAI Services, Inc.		1 3: 13 STATE LORID,	Ç
·	2731 Executive Park Drive, Suit	e 4		
	(P.O. Box NOT sceeptable) Weston, FL 33331			
	ress of its registered office and the street addre il be identical.  was authorized by resolution duly adopted by it the board, or the corporation has been notified			
	ture of an officer of director)	(Printed or typed name and title)		
I hereby accept further agree of my duties, a document is become of the corporation h	ot the appointment as registered agent and agr e to comply with the provisions of all statutes r and I am familiar with and accept the obligatio eing filed merely to reflect a change in the regi as been notified in writing of this change.	e to act in this capacity.  clative to the proper and complete  n of my position as registered age  stered office address, I hereby co	e performance ent. Or, if this infirm that the	
Julma	M. Howarth Signature of Registered Agent)	5/11/0 g		
If signing on l	pehalf of an entity:			
Zulma M.	Howarth, Asst. Secretay (Typed or Printed Nume)			
	* * * FILING FEE: \$	15.00 + + +		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

(1to 90001189433)