

PO6 000157305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

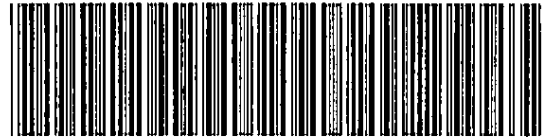
(Business Entity Name)

(Document Number)

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01/26/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXCLUSIVE DENTAL CARE GROUP, INC
Name of Corporation

DOCUMENT NUMBER: P06000157305

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:

CELIA FIGUEROA
Name of Contact Person
EXCLUSIVE DENTAL CARE GROUP, INC
Firm/Company
1955 WEST 68 STREET
Address
HIALEAH, FL 33014
City/State and Zip Code

EXCLUSIVEDENTALCARE1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELIA FIGUEROA at (786) 286-7979
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: EXCLUSIVE DENTAL CARE GROUP, INC

2. The principal office address: 1955 WEST 68 ST HIALEAH, FL 33014

3. The mailing address (if different): 1955 WEST 68 STREET HIALEAH 33014

4. Date of incorporation/qualification: 01/02/2007 Document number: P06000157305

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)

CELIA FIGUEROA EXCLUSIVE DENTAL CARE GROUP, INC
1724 N UNIVERSITY DR
PEMBROKE PINES FL 33024

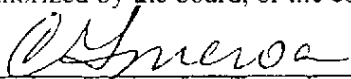
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CELIA FIGUEROA
EXCLUSIVE DENTAL CARE GROUP, INC
P.O. Box NOT acceptable
1955 WEST 68 STREET HIALEAH FL 33016

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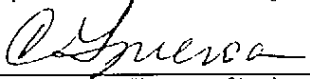
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

CELIA FIGUEROA PRESIDENT
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.


Signature of Registered Agent

1/22/2021
Date

If signing on behalf of an entity:

Typed or Printed Name

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