

P070000052545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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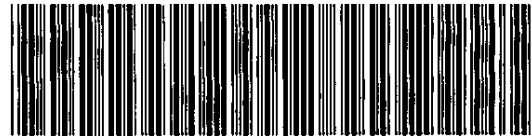
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROYAL DENTAL, P.A.
Name of Corporation

DOCUMENT NUMBER: P07000052545

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:

ELLEN SHAW
Name of Contact Person

Firm/Company

C/O SLF, 2338 IMMOKALEE RD., #424
Address

NAPLES, FL 34110
City/State and Zip Code

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

For further information concerning this matter, please call:

at ()
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: ROYAL DENTAL, P.A.
2. The principal office address: C/O SLF, 2338 IMMOKALEE RD., #424, NAPLES, FL 34110.
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05-01-2007 Document number: P07000052545

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)

BUSINESS FILINGS INCORPORATED,
1203 GOVERNOR'S SQUARE BLVD, SUITE 101
TALLAHASSEE FL 32301-2960 US

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

ELLEN SHAW
5100 TAMiami TRAIL, NORTH, #202
P.O. Box NOT acceptable
NAPLES, FL 34103

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

ELLEN SHAW / DIRECTOR

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

JUNE 28 - 2010

Date

If signing on behalf of an entity:

ELLEN SHAW

Typed or Printed Name

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