

P07000054845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000160870580

09/28/09--01007--002 \*\*35.00

FILED

09 SEP 28 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Asker*  
*9/30/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pezet Dental Lab, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P07000054845

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:

Daniel L Pezet  
Name of Contact Person

Pezet Dental Lab, Inc.  
Firm/Company

12966 SW 64th Street RD  
Address

Ocala, FL 34481  
City/State and Zip Code

PezetDentalLab@ThePezets.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel L Pezet at ( 352 ) 522-1196  
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: Pezet Dental Lab, Inc.
2. The principal office address: 12966 SW 64th Street RD, Ocala, FL 34481
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 7, 2007 Document number: P07000054845

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)

Elizabeth L Pezet

1315 Bayshore RD

Gulf Breeze, FL 32563

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

Elizabeth L Pezet

12966 SW 64th Street RD

P.O. Box NOT acceptable

Ocala, FL 34481

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

Daniel L Pezet, 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

September 25, 2009

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
09 SEP 28 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA