

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

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

Fax Number : (609)716-0820

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REGISTERED AGENT CHANGE

AFFORDABLE DENTURES - FORT LAUDERDALE, P.A.

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Electronic Filing Menu

Corporate Filing Menu

Help

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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 Statute 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: Affordable Dentures - Fort Lauderdale, P.A.	
2. The principal office address: 8393 Pines Boulevard, Pembroke Pines, FL 33024	
3. The mailing address (if different): PO Box 1042, Kinston, NC 28503	
4. Date of incorporation/qualification: 07/12/2007 Document number: P07000080	109
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
NRAI Services, Inc.	289
526 East Park Avenue	FILE FILE
Tailahassee FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	OF STA
NRAI Services, Inc.	15 35 15 35
2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable) Weston, FL 33331	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	istered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an offic authorized by the board, or the corporation has been notified in writing of the change.	
(Signature of an efficer or 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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	performance int. Or, if this nfirm that the
Julna M. Howarth 5/11/09 (Signature of Registered Agent)	
If signing on behalf of an entity:	
Zulma M. Howarth, Asst. Secretay (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

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