

**1070000123090**

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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : BERGER SINGERMAN LLP, FT. LAUDERDALE  
Account Number : 120020000154  
Phone : (954)525-9980  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
FIELD DENTISTRY, DMD, PA**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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JUN 19 2020

# 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: Field Dentistry, DMD, PA
2. The principal office address: 3020 North Military Trail, Suite 250  
Boca Raton, Florida 33431
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: November 14, 2007 Document number: P07000123690
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)

BSPA Corporate Services, Inc.

350 E. Las Olas Blvd., Suite 1000

Fort Lauderdale, Florida 33301

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

Galvan Messick, PLLC

951 Yamato Road, Suite 250

P.O. Box NOT acceptable

Boca Raton, Florida 33431

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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.

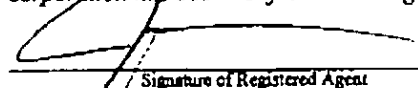
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Theodore S. Field, III

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

6/16/2020  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

JEFFREY GALVAN, ESQ  
\_\_\_\_\_  
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 (04/13)