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CLPARTMENT OF STATE BY ISLOW OF CORPORATION OF CORPORATION TALL AHASSEE, FLORID A

2020 JAN 10 AM 7: 1

FEB 0 8 2020

S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 8, 2020

Order#: 121893/002

Re: APEX DENTAL PA

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35___.

Please take the following action:

XX ___ File in your office on a routine basis.

X Issue Proof of Filing.

XX __ Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 6. age is submitted for a corporation	organized under the law	s of the State of _	Florida	
	to change its registered office or		i, in the State of F	lorida.	
1. The name of the	he corporation: APEX DENTAL F	PA			
2. The principal	office address: 3440 Crenshaw L	ake Road, Lutz, FL 335	48		
	ddress (if different):				_
4. Date of incorp	022977	_			
	street address of the current regis ment of State: (If resigned, enter		l office on file wit	th the	
	Corporate Creations Network, In	nc.			
	11380 Prosperity Farms Road,	#221E		2020 JAN 10 DEPARTHEN DEPARTHEN DEVISION OF CONVISION OF CONVISION OF CONVINCENT OF CO	_
	Palm Beach Gardens	FL	33410	NAME NAME NAME NAME NAME NAME NAME NAME	-
6. The name and (if changed):	street address of the new registere	moa	١		
	Corporation Service Company	22			
	1201 Hays Street				
	P.O Box NOT acceptable			•	
	Tallahassee	FL	32301		
The street addre as changed will	ss of its registered office and the be identical.	street address of the bus	siness office of its	s registered agent.	•
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of d een notified in writing o	irectors or by an fithe change.	officer so	
Xie & aonie		Jill Cilmi, Vice P	Jill Cilmi, Vice President		
Signatur	e of an officer or director	Printe	d or typed name and til	le	
I further agree to of my duties, and document is bein corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c n Service Company	all statutes relative to the he obligation of my posi we in the registered office	his capacity. proper and com tion as registered address, I hereb	plete performanc Lagent. Or, if thi by confirm that the	e s
By: Cly 1	Mkey	01/07/2020			
Sigi	nature of Registered Agent		Date	_	
If signing on bel	half of an entity:				
Ami M. Casper,	Asst. Vice President				
Ту	ped 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)