

P 08 0000 95 33 8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

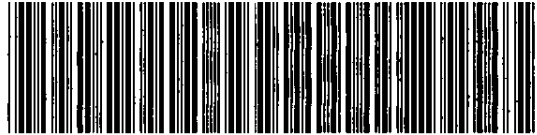
(Business Entity Name)

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BEACH DENTAL GROUP INC
751 EAST THIRD AVENUE
NEW SMYRNA BEACH FL 32169

Date: 1/19/10

Division of Corporations
P O Box 6327
Tallahassee FL 32314

Dear Sirs:

Re: **CHANGE OF MAILING ADDRESS**

Document # P08000095338

EIN 26-3580907

Please be advised that the mailing address for the my corporation has changed to the address shown on this letterhead.

Please update your records accordingly.

Sincerely,



President

JFW:cb
TL8822CORP.wpd