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## 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

CRETARY OF STATE LAHASSEE FLORIDA

PECTIVE 1 9 JUN -3 AM 8: 00 ECRETARY OF STATE

### REGISTERED AGENT CHANGE

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# (HO90001189373)

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

		0502, 607.1508, or 617.1508, Florida State ganized under the laws of the State of Florid			
•		gistered agent, or both, in the State of Flori			
1. The name of the	ne corporation:	Affordable Dentures - Panama City, P.A.	<u> </u>		
2. The principal	office address; 617 W. 23rd Street, P	anama City, FL 32405		<del></del>	
3. The mailing as	Idress (if different): PO Box 1042,	Kinston, NC 28503			
4. Date of incorp	oration/qualification; 12/01/2008	Document number: P0800010	07191		
	street address of the current register	ed agent and registered office on file with the			
	NRAI Services, Inc.		7		
	526 East Park Avenue		SECR LLLA	09	
	Tallahassee FL 32301		ETAI	JUN N	71
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	SE Y	-3 Æ	LED
	NRAI Services, Inc.		TAT ORIC	Ö	
	2731 Executive Park Dri		Ym	8	
	Weston, FL 33331	xacue)			
The street address changed will	ess of its registered office and the st	reet address of the business office of its n	egistered	agent	ł,
		opted by its board of directors or by an of in notified in writing of the change.			
, -	ure of an officer or director)	(Printed or typed name and title			•
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered age: to comply with the provisions of all ad I am familiar with and accept thi ing filed merely to reflect a change s been notified in writing of this chu	nt and agree to act in this capacity, statutes relative to the proper and compl cobligation of my position as registered a in the registered office address, I hereby ange.	lete perfo igent. O confirm	rman r, if th that th	ce is ie
Zulna	M. Howarth	5/11/09 (Date)	· · · · · · · · · · · · · · · · · · ·	<del></del>	-
If signing on be	chalf of an entity:				
	owarth, Asst. Secretay				
(	Typed or Printed Name)	G FRE: \$35.00 * * *			
R.A	MAKE CHECKS PAYABLE TO	D FLORIDA DEPARTMENT OF STATE VS. P.O. BOY 6327. TAILAHASSEE, FL. 32.	314		

CRZE045 (8/05)

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