P08000110203

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R.A.

MAR - 8 2012 T. BROWN

COVER LETTER

TO:	Amendment Sec Division of Corp	tion orations		
SUBJ	ECT:	Exclusive D	Dentistry Corporation	
DOCU	UMENT NUMBE	R:P08	000110203	
The er	nclosed Statement	of Change of Registered Offic	e/Agent and fee are submitte	ed for filing.
Please	return all correspo	endence concerning this matte	er to the following:	
			.	
		Vanessa	Quintero	
		Name of Co	ontact Person	
		Exclusive	Dentistry	
		Firm/C	ompany	•
		;		
		250 North Alafa Add	iya Trail Ste 125 🐪	<u>. </u>
		Ado	iress	•
		Orlando,	FL 32828 nd Zip Code	
		City/State a	nd Zip Code	
		pat4949@	itaal com	
	E-ma	ail address: (to be used for t	future annual report notific	cation)
For fu	rther information o	oncerning this matter, please	call:	
	Vanes	ssa Quintero	at (407)	461-4187
	Name of	Contact Person	at (407) Area Code & Daytim	e Telephone Number
Enclos	sed is a \$35.00 che	ck made payable to the Depar	rtment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Sec Division of Cor Clifton Building	porations
	•	Γallahassee, FL 32314	2661 Executive Tallahassee, FL	=

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the State	e of Florida			
 The name of the control of the principal 	the corporation: Jor office address: 250 No	qe E Qi rth Alafaya Trai	ui ntero DD I Ste 125 Orlando, FL	S, PA 32828			
3. The mailing a	address (if different): 537	Woodland Ter	race Blvd Orlando, FL	32828			
4. Date of incorp	poration/qualification:	01/01/2008	Document number:	P08000110203			
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)							
	Jorge E. Quintero						
	537 Woodland Tera	ace Blvd		7			
	Orlando, FL 32828	- · · · · · · · · · · · · · · · · · · ·		一門里力			
Orlando, FL 32828 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Jorge E. Quintero			EE. FLORI			
	250 North Alafaya Trail Ste 125 P.O. Box NOT acceptable						
٠	Orlando, FL 32828						
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	e of its registered agent,			
Such change was authorized by the	as authorized by resoluti be board, or the corporat	on duly adopted by	y its board of directors or led in writing of the chang	by an officer so e.			
Sieszahi	re of an officer or director		Jorge E. Quinte				
I hereby accept I further agree of my duties, an document is bei	the appointment as regi	sions of all statute l accept the obliga t a change in the r	igree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance			
	(Guest /		03/01/2	012			
If signing on be	chalf of an entity:		Date				
Т	yped or Printed Name						

* * * FILING FEE: \$35.00 * * *