

P/0000077980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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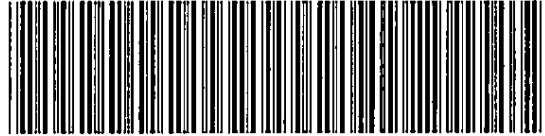
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** James Family Dentistry, PA  
Name of Corporation

**DOCUMENT NUMBER:** P10000077980

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ciara James  
Name of Contact Person

James Family Dentistry, PA  
Firm/Company

685 Royal Palm Beach Blvd, Suite 204  
Address

Royal Palm Beach, FL 33411  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) jamesfamilydentistry@yahoo.com

For further information concerning this matter, please call:

Ciara James at ( 561 ) 795-1978  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: James Family Dentistry, PA
2. The principal office address: 685 Royal Palm Beach Blvd, Suite 204  
Royal Palm Beach, FL 33411
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/23/2010 Document number: P 10000077980
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)

GALVAN Messick, LLP  
1900 NW CORPORATE BLVD, Suite 101 West  
Boca Raton, FL 33431

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

Ciara James  
685 Royal Palm Beach Blvd, Suite 204  
Royal Palm Beach, FL 33411

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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]  
Signature of an officer or director

Ciara James, VP  
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]  
Signature of Registered Agent

16 Feb 2023  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)