

P10000097756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

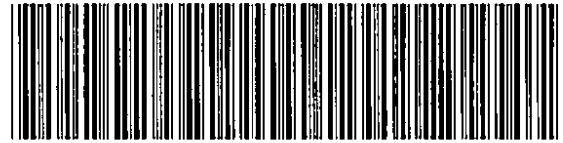
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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2018

YOUNG KOH
YOUNG DENTAL LAB, INC.
1332 WEST FLETCHER AVE.
TAMPA, FL 33612

SUBJECT: YOUNG DENTAL LAB, INC.
Ref. Number: P10000097756

We have received your document for YOUNG DENTAL LAB, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 518A00015408

2018 AUG -7 PM 2:16

FLORIDA
COMMERCIAL
SERVICES

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **YOUNG DENTAL LAB, INC.**

Name of Corporation

DOCUMENT NUMBER: **P10000097756**

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:

YOUNG K. KOH

Name of Contact Person

YOUNG DENTAL LAB, INC.

Firm/Company

1332 W. FLETCHER AVENUE

Address

TAMPA, FL 33612

City/State and Zip Code

YDLTAMPA@GMAIL.COM ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOUNG KOH

Name of Contact Person

813 908-7777

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: YOUNG DENTAL LAB, INC.
2. The principal office address: 1332 W. FLETCHER AVENUE, TAMPA, FL 33612
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/02/2010 Document number: P10000097756

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) _____

YOUNG K. KOH

6906 W. LINEBAUGH AVE., SUITE 101

TAMPA, FL 33625

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

YOUNG K. KOH

1332 W. FLETCHER AVENUE

P.O. Box NOT acceptable

TAMPA, FL 33612

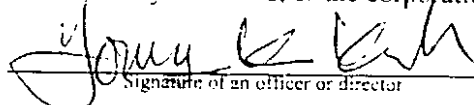
SECRETARY OF STATE
TALLAHASSEE, FL

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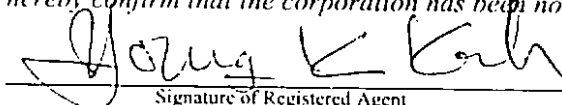
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

YOUNG K. KOH, OFFICER
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 of Registered Agent

8/3/18
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 (03/12)