

P11000030808

(Requestor's Name)

Paul Schneider
231 174th Street Apt. 919
Sunny Isles Beach, FL, 33160

☐ PICK-UP ☐ WAIT ☐ MAIL

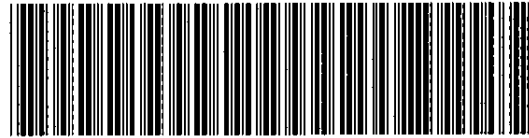
(Business Entity Name)

(Document Number)

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C.COULLIETTE

AUG 03 2011

EXAMINER

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

1. The name of the corporation: Supreme Dental Associates INC
2. The principal office address: 17395 North Bay Road Suite 201
Sunny Isles Beach, FL 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/29/2011 Document number: P11000030808
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)

Daniel Schneider
231 174th Street Apt. 919
Sunny Isles Beach, FL, 33160

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

Paul Schneider
231 174th Street Apt. 919
P.O. Box NOT acceptable
Sunny Isles Beach, FL, 33160

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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.

Daniel Schneider
Signature of an officer or director

Daniel Schneider
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.

Paul Schneider
Signature of Registered Agent

7.29.2011
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 (8/05)

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