

P110000106599

(Requestor's Name)

(Address)

(Address)

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MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dental Systems Management Zhc
Name of Corporation

DOCUMENT NUMBER: P110002106599

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:

Leslie Murphy
Name of Contact Person

Custom Kinacial Solutions
Firm/Company

442 4th Avenue
Address

Indianapolis, IN 32903
City/State and Zip Code

LESLIE @ CFS TAX RELIEF, Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eleanor Sheldon at 321 258-5862
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 NOV 20 PM 4:16

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

November 4, 2013

ELEANOR SHELDON
DENTAL SYSTEMS MANAGEMENT, INC.
3174 VILLA ESPANA TRAIL
MELBOURNE, FL 32935

SUBJECT: DENTAL SYSTEMS MANAGEMENT, INC.
Ref. Number: P11000106599

We have received your document for DENTAL SYSTEMS MANAGEMENT, 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):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 913A00025620



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2013

ELEANOR SHELDON
DENTAL SYSTEMS MANAGEMENT, INC.
3174 VILLA ESPANA TRAIL
MELBOURNE, FL 32935

SUBJECT: DENTAL SYSTEMS MANAGEMENT, INC.
Ref. Number: P11000106599

We have received your document for DENTAL SYSTEMS MANAGEMENT, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 013A00024976

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

1. The name of the corporation: Dental Systems Management Znc
2. The principal office address: 3174 Villa Espana Trail
Melbourne, FL 32935
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/16/2011 Document number: P11000106599

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)

Corporation Service Company
1201 Hayes St
Tallahassee, FL 32301

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

Leslie B. Murphy
442 4th Avenue
Indialantic, FL 32903

P.O. Box NOT acceptable

FILED STATE
SECRETARY OF CORPORATION
13 NOV 20 PM 24 49

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.

Heann Sheldon
Signature of an officer or director

Heannor Sheldon
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.

Leslie B. Murphy
Signature of Registered Agent

11/14/2013
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)