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TALLAHASSEE ET ABORE

AUG 15 2018 S. YOUNG

COVER LETTER

	ndment Section sion of Corporations
SUBJECT:_	David Christian D.D.S P.A Name of Corporation
DOCUMEN	T NUMBER: P120000 40 900
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:
	David Christian / andrea Morario Name of Contact Person
	David Christian DOS P. A Firm/Company
	2902 59th St. W Suite H Address
	Bradenton, FL 34209 City/State and Zip Code Andrea abradentonosc. Com Into abradentonosc. E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
<u>Andre</u>	Name of Contact Person Christian at (41) 794-1788 Area Code & Daytime Telephone Number
	Name of Contact Person Coulories Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

1. The name of the corporation: David Christian DDS P.A	
3. The mailing address (if different): 4. Date of incorporation/qualification: Document number: 1200000 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) 12	40900
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4. Date of incorporation/qualification: Document number: P1200000 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) Terry Rehfoldt B201 24 th St. W Bradenson, FL 34205 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Christian 2902 5-9 th St. W Suite H P.O. Box NOT acceptable Bradenson, FL 34209 The street address of its registered office and the street address of the business office of its registered	
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) Terry Rehfeldt	
Florida Department of State: (If resigned, enter resigned) Terry Rehfeldt B201 26 th St. W Bradenson, FL 34205 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Christian 2902 59 th St. W Suite H P.O. Box NOT acceptable Bradenson, FL 34209 The street address of its registered office and the street address of the business office of its registered	18 AL
6. The name and street address of the new registered agent (if changed) and /or registered officers (if changed): David Christian 2902 5-4 th St. W Suite H P.O. Box NOT acceptable Bradenton, FL 34209 The street address of its registered office and the street address of the business office of its registered	18 AL
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Christian 2902 5-9 th St. W Suite H	&
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The street address of its registered office and the street address of the business office of its registered	13 PH 2:5
The street address of its registered office and the street address of the business office of its registered	5 0
	ed agent.
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 Signature of an officer or director Printed or typed name and title	Presiden
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 regist agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	ered , I
Signature of Registered Agent 8-7-18 Date	
If signing on behalf of an entity:	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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