

P12000092907

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : VAN WINKLE & SAMS, P.A.
Account Number : I20030000032
Phone : (941) 923-1685
Fax Number : (941) 923-0174

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: drwaitecares@gmail.com

**REGISTERED AGENT CHANGE
GENERATIONS DENTAL CARE INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP - 3 AM 10:01

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SEP 4 2015

C LEWIS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Generations Dental Care Inc.

Name of Corporation

DOCUMENT NUMBER: P12000092907

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:

Laurie B. Sams

Name of Contact Person

Van Winkle & Sams PA

Firm/Company

3859 Bee Ridge Road, Suite 202

Address

Sarasota FL 34233

City/State and Zip Code

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

For further information concerning this matter, please call:

Laurie Sams

Name of Contact Person

941 923-1685

at (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

CR28045 (03/12)

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NOTE FOR CORPORATIONS

((H15000212946 3)))

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: Generations Dental Care Inc.
2. The principal office address: 1440 Rockside Road Suite 212 Parma, OH 44134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/6/2012 Document number: P12000092907
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)

HOLLY B WAITE

5500 Bee Ridge Road, # 101

Sarasota FL 34233

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

Laurie B. Sams

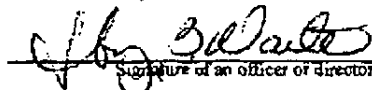
3859 Bee Ridge Road, Suite 202

P.O. Box NOT acceptable

Sarasota FL 34233

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

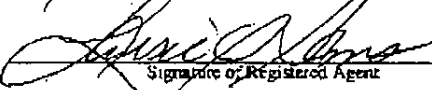
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

HOLLY B WAITE

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

9/3/2015
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)

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15 SEP - 3 AM 10:01

STATE OF FLORIDA
DIVISION OF CORPORATIONS