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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE AMERICAN PEDIATRIC DENTAL DORAL, INC.

Certificate of Status	0
Certified Copy	1
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To: +18506176380 \*

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: AMERICAN PEDIATRIC DENTAL DORAL, INC.  2. The principal office address: 7950 NW 53RD ST SUITE 200 DORAL, FL 33166  3. The mailling address (if different):  4. Date of incorporation/qualification: 04402/2014	statement of cha	inge is submitted for a corporation of	0502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of FL gistered agent, or both, in the State of Florida.	
2. The principal office address: 7950 NW 53RD ST SUITE 200 DORAL. FL 33166  3. The mailing address (if different):  4. Date of incorporation/qualification: 64/10/2/2014 Document number: P1400000723  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)  PENA. WILLIAM A  10021 Pines Blvd. Suite 100  Pembroke Pines, FL 33024  6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  CT Corporation System  1200 South Pine Island Road  P.O. Box NOT acceptable  Plantation, Florida 33324  The street address of its registered office and the street address of the business office of its registered aschanged will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an office so authorized by the board, or the corporation has been notified in writing of the change.  Andy Lyness  Supposite of an officer or director  Poincal or typed assite modified.  I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes relative to the proper and complete performance of my dutties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document has been notified in writing of this change.  CT Corporation has been notified in writing of this change.  CT Corporation by seen  Sugnature of Registered Agrae.  9/3/21  Sugnature of Registered Agrae.  1040 Document number:  P140 D				
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4. Date of incorporation/qualification: 04/02/2014 Document number: P140(08029723  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)  PENA, WILLIAM A  10021 Pines Blvd, Suite 100  Pembroke Pines, FL 33024  6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  C T Corporation System  1200 South Pine Island Road  P.O. Box NOT acceptable  Plantation, Florida 33324  The street address of its registered office and the street address of the business office of its registered agent. Such changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by an office such authorized by the board, or the corporation has been notified in writing of the change.  Andy Lyness  Sugmanuse of an officer or director or director or director or of the street address of the business office address. Thereby confirm that the corporation has been notified in writing of the change.  I hereby accept the appointment as registered agent and agree to act in this capacity. Jurther 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. Thereby confirm that the curporation has been notified in writing of this change.  CT Corporation System  Figure of Registered Agent.  Date  If signing on behalf of an entity:  Ternell Keamey	2. The principal	office address:		_
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<u> </u>	If signing on be	half of an entity:		
Typed or Printed Name	Ternell Kearney			
	Т	yped or Printed Name		

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

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By: