

PI6 00000 7414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

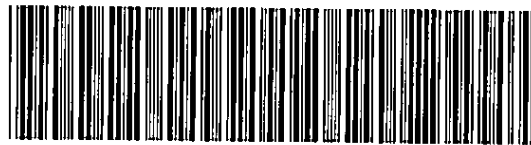
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

JS 10/08/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rebecca Lenard DMD PA
Name of Corporation

DOCUMENT NUMBER: P16000007414

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:

Rebecca Lenard

Name of Contact Person

Rebecca Lenard DMD PA

Firm/Company

3220 South Dixie Highway Suite 101

Address

Miami, FL 33133

City/State and Zip Code

drrebeccalenard@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Lenard

Name of Contact Person

at (305) 965-5757

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Rebecca Lenard DMD PA
2. The principal office address: 3220 South Dixie Highway Suite 101, Miami, FL 33133

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/26/2016 Document number: P16000007414

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)

Rebecca Lenard

3220 South Dixie Highway Suite 101

Miami, FL 33133

6601 SW 80th Street Suite 212
Miami FL 33143

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

Rebecca Lenard

3220 S. Dixie Highway Suite 101

P.O. Box NOT acceptable

Miami FL 33133

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]
Signature of an officer or director

Rebecca Lenard

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]
Signature of Registered Agent

8/18/2020

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 (04/13)

2020 AUG 24 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

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