## P16000026081

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Subject:	DOCTOR PHILLIPS MODERN DENTISTRY, PA
Form(s) Enclosed:	Statement of change of Registered Office or Registered Agent or Both for Corporations (2 copies)
Amount of check enclosed:	\$35.00, please issue a receipt Florida Department of State
Return Via:	Regular mail
Filing Method:	ROUTINE

If you have any questions, or if you cannot process this request for any reason, please do not hesitate to contact me at the number listed below.

Thanks for your help! ©

REF: COA

Please return to: Shauntee Burgess Unisearch, Inc. 325 13<sup>th</sup> Street NE, Suite 404

Salem, OR 97301 Direct: 971-239-5579

Office: 800-554-3113 Ext 131

Fax: (800) 554-3114

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
	ne corporation: DOCTOR PHILLIPS MODERN DENTISTRY, PA
	D HILL AVENUE, IRVINE, CA 92614
3. The mailing ac	ldress (if different):
4. Date of incorp	oration/qualification: 03/23/2016 Document number: P16000026081
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
_	UNISEARCH, INC.
•	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and (if changed):	PLANTATION, FL 33324  street address of the new registered agent (if changed) and /or registered office
-	UNISEARCH, INC.
	155 OFFICE PLAZA DRIVE
•	P.O. Box NOT acceptable
-	TALLAHASSEE, FL 32301
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board or the corporation has been notified in writing of the change.
Mills-	Carolyn G. Ghazal, D.D.S., Secretary Printed or typed name and title
I further agree to performance of r avent. Or, if this	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The complete are complete and complete and the proper and complete and duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
_	ature of Registered Agent WAY Date Date
If signing on beh	
SHAUNTEE	BURGESS ASST. Decretary
	* * * 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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