P17000027990

(Requestor's Name)					
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(Document Number)					
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SECRETARY OF STATE

SEP 1 6 2021

D CUSHING

UNISEARCH, INC.





8/25/2021

SECRETARY OF STATE OF FLORIDA DIVISION OF CORPORATIONS THE CENTRE OF TALLAHASSEE 2415 NORTH MONROE SUITE 810 TALLHASSEE, FL 32303

RE: Unisearch Change of Address

To Whom it May Concern:

Enclosed please find the applications to change the registered agent address on behalf of Unisearch, Inc. for entities that have appointed Unisearch as agent. (More applications will be forwarded in a separate package for the remaining entities). Also enclosed is check# 10#2 for \$3,760. Should you have any questions, please contact me at the below number \$3,760.

Thank you,

oelle Churik

Unisearch, Inc.

1990 Main Street, Suite 750-709

Sarasota, FL 34236

888-617-4478

joelle.churik@unisearch.com

\cdot STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $rac{\Gamma}{2}$			
	r to change its registered office or registered agent, or both, in the State of Fi	lorida.		
1. The name of t	the corporation: LAKE MARY MODERN DENTISTRY, P.A.			
2. The principal	office address: 3779 Lake Emma Road Lake Mary, FL 32746			
3. The mailing a	address (if different): ATTN: LEGAL DEPT.17000 RED HILL AVENUE IRVIN	√E, CA	92614	
	poration/qualification: 03/28/2017 Document number: P1700002	7990		
	I street address of the current registered agent and registered office on file wit timent of State: (If resigned, enter resigned)	ih the		
	UNISEARCH, INC.			
	155 OFFICE PLAZA DRIVE	Çņ	2(
	TALLAHASSEE, FL 32301	ECRE)21 SE	rate
6. The name and street address of the new registered agent (if changed) and /or registered official (if changed):		TARY 0	2021 SEP -2 P	
	UNISEARCH, INC.		PM 1: 0	
	1990 MAIN STREET, SUITE 750-709		0	
	P.O. Box NOT acceptable SARASOTA, FL 34236			
The street addreas changed will	ess of its registered office and the street address of the business office of its be identical.	regist	ered aş	gent,
	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.			
Signatu	re of an officer or director Printed or typed name and titl	le		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligation of my position as registered in gilled merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete p l agent y confi	erform Or, i rm thă	iance f this it the
()	nature of Registered Agent Note: The second			
Juelle C	half of an entity: NWIK ASST. Secretury yped 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