

P17000038419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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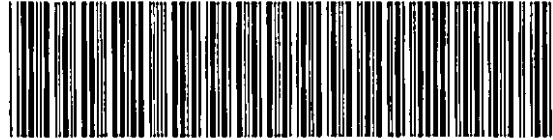
(Business Entity Name)

(Document Number)

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2018 FEB -5 AM 11:01

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COVER LETTER

TO: Amendment Section
Division of Corporations

2018 FEB -5 AM 11:01

SUBJECT: Miami Dental Lab, INC.
Name of Corporation

DOCUMENT NUMBER: P17000038419

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:

Danay Acevedo, Esq.

Name of Contact Person

Miami Legal Firm

Firm/Company

5757 Blue Lagoon Drive, suite 320

Address

Miami, Florida 33126

City/State and Zip Code

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

For further information concerning this matter, please call:

Danay Acevedo, Esq.

Name of Contact Person

at (305) 265-2266

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

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: Miami Dental Lab, INC.

2. The principal office address: 2466 WEST 60 STREET HIALEAH, FL 33016

3. The mailing address (if different): 167 WEST 23RD STREET HIALEAH, FL 33010

4. Date of incorporation/qualification: 04/27/2017 Document number: P17000038419

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)

Acevedo, Jorge

4901 SW 87 AVE

MIAMI, FL 33165

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

Danay Acevedo, Esq.

5757 BLUE LAGOON DRIVE, SUITE 320

P.O. Box NOT acceptable

MIAMI, FL 33126

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

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

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)