

P17000038419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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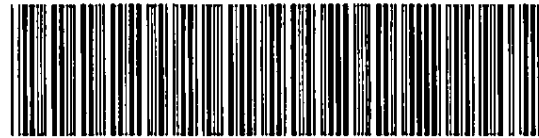
(Business Entity Name)

(Document Number)

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R. WHITE  
OCT 15 2018

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2018 OCT -5 AM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

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

305 265-2266

at ( )  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2018

DANAY ACEVEDO ESQ  
5757 BLUE LAGOON DR STE 320  
MIAMI, FL 33126

SUBJECT: MIAMI DENTAL LAB, INC.  
Ref. Number: P17000038419

We have received your document for MIAMI DENTAL LAB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 718A00019678

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HASSLER

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: Jorge Acevedo 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: Danay Acevedo Date: 10/1/18

If signing on behalf of an entity:

Typed or Printed Name

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