P170000 49702

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TO:

Amendment Section

SUBJECT: CORAL SPRINGS MODERN DENTIST Name of Corporation		
DOCUMENT NUMBER: P17000049702		
The enclosed Statement of Change of Registered	Office/Agent and fe	e are submitted for filing.
Please return all correspondence concerning this i	natter to the followi	ng:
JOELLE CHURIK		
Name of Contact Person		
UNISEARCH, INC.		
Firm/Company		
1990 MAIN STREET, STE 750-709		
Address		
SARASOTA, FL 34236		
City/State and Zip Code		
UNISOP@UNISEARCH.COM		
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	ease call:	
JOELLE CHURIK	at (⁸⁸⁸)617-4478 ode & Daytime Telephone Nun
Name of Contact Person	Area Co	ode & Daytime Telephone Nun

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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of $\overline{\text{FL}}$ er to change its registered office or registered agent, or both, in the State of Florid		_
1. The name of t	the corporation: CORAL SPRINGS MODERN DENTISTRY, PA		
2. The principal 5810 WILES RD	DCORAL SPRINGS, FL 33067		
3. The mailing a	address (if different): ATTN: LEGAL DEPARTMENT17000 RED HILLS AVEIRVI	NE, CA 9	2614
	poration/qualification: 06/07/2017 Document number: P17000049702		
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	ç	
	UNISEARCH, INC.		
	155 OFFICE PLAZA DRIVE		
	TALLAHASSEE, FL 32301	2021	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office.	₹ . Š	T
	UNISEARCH, INC.	04:IIW	i Ü
	1990 MAIN STREET, STE 750-709		لتداعأ
	P.O. Box NOT acceptable SARASOTA, FL 34236		
The street address changed will	ress of its registered office and the street address of the business office of its reg l be identical.	istered ag	gent,
Such change wa authorized by th	ras authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so	
Signatu	ure of an officer or director Printed or typed name and title		
I further agree to of my duties, an document is bei	t 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 complete and I am familiar with and accept the obligation of my position as registered ago ing filed merely to reflect a change in the registered office address, I hereby co to been notified in writing of this change.	eperform ent. Or, i nfirm tha	ance f this t the
	11/01/2021		
/ \ '	chalf of an entity:		
JOELLECHURI	RIK, ASST. SECRETARY		
T	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