P15000003516

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI Name e	ECT: DENTISTS OF MELBOURNE, PA	
DOCU	MENT NUMBER: P18000003516	
The en	closed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
JOELL	E CHURIK	
Name	of Contact Person	
UNISE	ARCH, INC.	
Firm/C	Company	
1990 N	1AIN STREET, STE 750-709	
Addres	SS	
SARAS	SOTA, FL 34236	
City/St	tate and Zip Code	
	UNISOP@UNISEARCH.COM	I
E-mai	l address: (to be used for future annual r	report notification)
For fu	rther information concerning this matter, ple	ease call:
JOELL	E CHURIK	at (888) 617-4478
	Name of Contact Person	at (888)617-4478 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the D	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FL
	r to change its registered office or registered agent, or both, in the State of Florida. he corporation: DENTISTS OF MELBOURNE, PA
	office address:AM RD Suite 103 MELBOURNE, FL 32940
3. The mailing a	ddress (if different): 17000 RED HILL AVENUE, IRVINE, CA 92614
4. Date of incorp	poration/qualification: 01/11/2018 Document number: P18000003516
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	UNISEARCH, INC.
	TALLAHASSEE, FL 32301
	TALLAHASSEE, FL 32301
6. The name and (if changed):	TALLAHASSEE, FL 32301 I street address of the new registered agent (if changed) and /or registered office? UNISEARCH, INC.
	UNISEARCH, INC.
	1990 MAIN STREET, STE 750-709
	P.O. Box NOT acceptable
	SARASOTA, FL 34236
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signatur	re of an officer or director Printed or typed name and title
I further agree i of my duties, an document is bei	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 performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speed in writing of this change. 11/01/2021
Sig	pature of Registered Agent Date
If signing on be	half of an entity:
JOELLE CHURI	IK, ASST. SECRETARY
T	yped or Printed Name

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