Division of Corporations Electronic Filing Cover Sheet

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(((H23000267656 3)))



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

: (614)573-3996

Account Number : FCA000000023 Phone : (954)208-0845

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

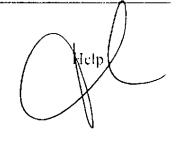
Email Address:

REGISTERED AGENT CHANGE SEABREEZE ENDODONTICS, PA



Certificate of Status	0
Certified Copy	Ī
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu



To:

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

statement of cha	nge is submitted for a corporation org	502, 607,1508, or 617,1508, Florida Statutes, this anized under the laws of the State of Florida istered agent, or both, in the State of Florida.
	the corporation: SEABREEZE ENDOD	· ·
2. The principal	office address: 4579 E HWY 20, SUITE	#220. NICEVILLE. FL 32578
3. The mailing a	iddress (if different):	
4. Dateofincorp	oration/qualification: 05/11/2018	Document number: P18000043930
	d street address of the current registered timent of State: (If resigned, enterresigned)	dagent and registered office on file with the ned)
	Hanson, Shane, DMD	
	2999 West 10th Street	
	Panama City, FL 32401	
6. The name and (ifchanged):	d street address of the new registered ag	gent (if changed) and /or registered office
	C T Corporation System	
	1200 South Pine Island Road	
	P.O. plantation, Florida 33324	Box NOT acceptable
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its registered agent.
		ed by its board of directors or by an officer so notified in writing of the change.
•	Gene Vol. I	JOE DAVIS, SECRETARY
•	re of an officer or director	Printed or typed name and little
of my duties, an document is bei corporation has	d I am familiar with and accept the ol ng filed merely to reflect a change in i been notified in writing of this chang	ind agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.
C T Corporation	System San Chambo	07/21/2023
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
SEAN L. EMER	ICK, ASSISTANT SECRETARY	
ľy	ped or Printed Name	
	* * * FILING F	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: