

P180000049392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100321252121

11/30/18--01009--001 \*\*35.00

FILED  
2018 NOV 29 PM 12:47  
STATE HOUSE, FLORIDA  
TALLAHASSEE, FL 32301

Ra/chg

NOV 30 2018

1 ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **ZOOM DENTAL INC**  
Name of Corporation

DOCUMENT NUMBER: **P18000049392**

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:

**LUIS GRANDE**

Name of Contact Person

Firm/Company

**1562 NW 89TH CT**

Address

**MIAMI, FL 33172**

City/State and Zip Code

**EVIVAS@ZOOMDENTAL.NET**

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person 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

November 13, 2018

LUIS GRANDE  
1562 NW 89TH CT  
MIAMI, FL 33172

SUBJECT: ZOOM DENTAL INC  
Ref. Number: P18000049392

We have received your document for ZOOM DENTAL INC and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

An officer/director must sign the form in the space provided.

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

Irene Albritton  
Regulatory Specialist II

Letter Number: 218A00023307

RECEIVED  
2018 NOV 26 PM 1:22  
CORPORATIONS DIVISION  
TALLAHASSEE, FL

**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: ZOOM DENTAL INC  
2. The principal office address: 1562 NW 89TH CT MIAMI, FL 33172

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/25/2018 Document number: P18000049392

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)

LUIS GRANDE

1562 NW 89TH CT MIAMI, FL 33172

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

EDWIN VIVAS

1562 NW 89TH CT MIAMI, FL 33172

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

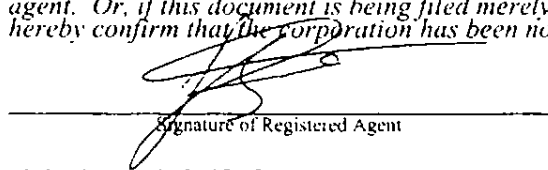
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 \_\_\_\_\_  
Signature of an officer or director

LUIS GRANDE - PRESIDENT

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

11-06-2018

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)

FILED  
2018 JUN 29 PM 12:47  
TALLAHASSEE, FLORIDA