714000056806

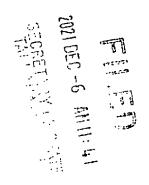
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Q. SILAS		
Lau 20 2021		

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DENTISTS OF WINTER SPRINGS, PA	
Name of Corporation	
DOCUMENT NUMBER: P18000056806	
The enclosed Statement of Change of Registered Offi	cc/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
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 repo	ort notification)
For further information concerning this matter, please	call:
JOELLE CHURIK	31 (888)617-4478
Name of Contact Person	at (888)617-4478 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	ertment of State.
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	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of <mark>FL</mark> egistered agent, or both, in the State of Florida		_
1. The name of t	he corporation: DENTISTS OF WIN	ITER SPRINGS, PA		
2. The principal	office address: LAKE RD WINTER SPRINGS, FL 3			
3. The mailing a	ddress (if different): 17000 RED HII	LL AVENUE, IRVINE, CA 92614		
4. Date of incorp	poration/qualification: 06/26/2018	Document number: P18000056806		
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the signed)		
	UNISEARCH, INC.			
	155 OFFICE PLAZA DRIVE		. ~	
	TALLAHASSEE, FL 32301	TALCR	2021 DEC	7
6. The name and (if changed):	street address of the new registered	I agent (if changed) and /or registered office:	9	
	UNISEARCH, INC.		1 : IIIIV	درند. معاداً
	1990 MAIN STREET, STE 750-709		<u> </u>	
		O. Box NOT acceptable	•	
	SARASOTA, FL 34236			
The street addre	ss of its registered office and the s be identical.	treet address of the business office of its regis	stered ag	ent,
Such change wa authorized by th	s authorized by resolution duly ad- e board, or the corporation has bee	opted by its board of directors or by an office on notified in writing of the change.	er so	
Signatur	e of an officer or director	Printed or typed name and title		_
I further agree t of my duties, an document is bei	the appointment as registered ages o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete e obligation of my position as registered ager in the registered office address, I hereby con ange.	performa it. Or if firm that	ance this the
	And lother	11/01/2021		
_	nalf of an entity:	Date		
- •	K, ASST. SECRETARY			
	ped or Printed Name			

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