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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DENTISTS AT WESTCHASE, PA				
Name of Corporation				
DOCUMENT NUMBER: P18000066038				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter	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 report notification)				
For further information concerning this matter, please call:				
JOELLE CHURIK	at (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 Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	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 char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Plorida Statutes, this range is submitted for a corporation organized under the laws of the State of FL er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	the corporation: DENTISTS AT WESTCHASE, PA	
	ON RDTAMPA, FL 33626	
3. The mailing a	address (if different): 17000 RED HILL AVENUE, IRVINE, CA 92614	
4. Date of incorp	poration/qualification: 07/31/2018 Document number: P18000066038	
5. The name and	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	UNISEARCH, INC.	
	155 OFFICE PLAZA DRIVE	
	TALLAHASSEE, FL 32301	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	-
	UNISEARCH, INC.	ن جست جست
	1000 MAIN STREET, STE 750-700	
	P.O. Box NOT acceptable SARASOTA, FL 34236	
The street addre	ress of its registered office and the street address of the business office of its registered at 1 be identical.	
Such change wa authorized by th	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signatui	ure of an officer or director Printed or typed name and title	—
l further agree t of my duties, an document is bei	t the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete perform Ind I am familiar with and accept the obligation of my position as registered agent. Or, with a complete perform the configuration of the proper and complete perform the configuration of the property of the propert	iance f this it the
/"	gnature of Registered Agent Date chall of an entity:	
JOELLE CHURI	Typed or Printed Name	

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