

P150000 66418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

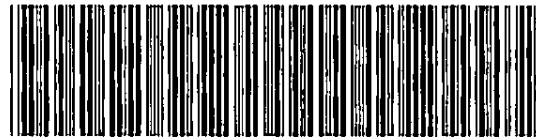
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SECRETARY OF STATE
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DENTISTS OF RIVERVIEW, PA
Name of Corporation

DOCUMENT NUMBER: P18000066418

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:

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

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
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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DENTISTS OF RIVERVIEW, PA
2. The principal office address: 13123 S US HWY 301 RIVERVIEW, FL 33578
3. The mailing address (if different): 17000 RED HILL AVENUE, IRVINE, CA 92614
4. Date of incorporation/qualification: 08/01/2018 Document number: P18000066418
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)

UNISEARCH, INC.

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

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

UNISEARCH, INC.

1990 MAIN STREET, STE 750-709

P.O. Box NOT acceptable

SARASOTA, FL 34236

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

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.

Joelle Churik
Signature of Registered Agent

11/01/2021

Date

If signing on behalf of an entity:

JOELLE CHURIK, ASST. SECRETARY

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 (04/13)

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