

P18000080579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

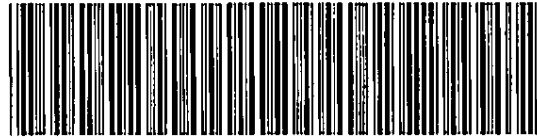
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VITRAL ORTHODONTICS PA
Name of Corporation

DOCUMENT NUMBER: P18000080579

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:

LILLELENNY SANTANA

Name of Contact Person

VITRAL ORTHODONTICS PA

Firm/Company

114 WILSHIRE BLVD

Address

CASSELBERRY FL, 32707

City/State and Zip Code

DOCTOR@VITRALORTHODONTICS.COM

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

For further information concerning this matter, please call:

LILLELENNY SANTANA

Name of Contact Person

at (407) 9076361

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

1. The name of the corporation: VITRAL ORTHODONTICS PA
2. The principal office address: 114 WILSHIRE BLVD. CASSELBERRY FL, 32707
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/24/2018 Document number: P18000080579
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)

LEGALINC CORPORATE SERVICES INC.

5237 Summerlin Commons, Suite 400

Fort Myers FL 33907

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

ALAIN CARDENAS

114 WILSHIRE BLVD

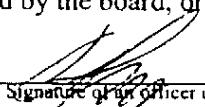
P.O. Box NOT acceptable

CASSELBERRY FL, 32707

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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

LILLELENNY SANTANA, 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

09 / 16 / 2020

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 (04/13)