P18000081466

(Re	equestor's Name)	
	Idress)	
(, ,	141000)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2022 MAY 20 PM 1: 12 SECRETARY OF STATE

A. BUTLER

JUL 26 2022

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SODO SMILES DENTISTRY, PA Name of Corporation		
DOCUMENT NUMBER: P18000081466		
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning the	is 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		
JOELLE.CHURIK@UNISE		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matter,	, please call:	
JOELLE CHURIK	at (888)617-4478 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to th	e 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	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this oration organized under the laws of the State of FLORIDA
	ffice or registered agent, or both, in the State of Florida.
1. The name of the corporation: SODO SMI	LES DENTISTRY, PA
2. The principal office address: 3123 S. ORA	ANGE AVE, STE 107, ORANGE, FL 32806
3. The mailing address (if different): 17000	RED HILL AVE STE 107, IRVINE, CA 92614
4. Date of incorporation/qualification: 09/2	7/2018 Document number: P18000081466
5. The name and street address of the currer Florida Department of State: (If resigned	nt registered agent and registered office on file with the , enter resigned)
UNISEARCH, INC.	20 7
155 OFFICE PLAZE DRIV	
TALLAHASSEE, FL 3230	EA -
6. The name and street address of the new r (if changed): UNISEARCH, INC.	registered agent (if changed) and /or registered office
	
1990 MAIN STREET, STE	P.O. Box NOT acceptable
SARASOTA, FL 34236	P.O. BOC NOT acceptable
The street address of its registered office as changed will be identical.	and the street address of the business office of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	n duly adopted by its board of directors or by an officer so n 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 registed I further agree to comply with the provision of my duties, and I am familiar with and a document is being filed merely to reflect a corporation has been notified in writing a	ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete performance occept the obligation of my position as registered agent. Or, if this ochange in the registered office address, I hereby confirm that the of this change.
helle Mure	05/01/2022
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Jolle Churk Ast.	<u>ieure</u> tam

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