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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DENTISTS AT MIDTOWN, PA Name of Corporation	<u> </u>			
DOCUMENT NUMBER: P19000008609				
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	o 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	21 (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 Departme	ent of State.			
Amendment Section A Division of Corporations D	treet Address: mendment Section ivision of Corporations he Centre of Tallahassee			
1.0,200	415 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 organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FL ered agent, or both, in the State of Florida.	
1. The name of t	the corporation: DENTISTS AT MIDTOV	VN, PA	
2. The principal			
3. The mailing a	address (if different): 17000 RED HILL A	VENUE, IRVINE, CA 92614	
4. Date of incorp	poration/qualification: 01/30/2019	Document number: P19000008609	
5. The name and		agent and registered office on file with the	
	UNISEARCH, INC.		
	155 OFFICE PLAZA DRIVE		
	TALLAHASSEE, FL 32301	SEC.	7021 55
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	
	UNISEARCH, INC.		3
	1990 MAIN STREET, STE 750-709		
	P.O. Bo	x NOT acceptable	
	SARASOTA, FL 34236		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered	agent,
Such change was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.	
Signatu	ire of an officer or director	Printed or typed name and title	
I further agree		nd agree to act in this capacity, tutes relative to the proper and complete perfor ligation of mv position as registered agent. Or, he registered office address, I hereby confirm th	
-	W Churc	11/01/2021 Date	
(1	gnather of Registered Agent chalf of an entity:	Date	
	IK, ASST. SECRETARY Typed or Printed Name		

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