

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PARAMET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jennifer.singleton@affordablecare.com

REGISTERED AGENT CHANGE

AFFORDABLE DENTURES & IMPLANTS - ORLANDO IV, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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SECTION 607.01, F.S.
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Affordable Dentures & Implants - Orlando IV, P.A.

Name of Corporation

DOCUMENT NUMBER:

P19000021541

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:

Jen Singleton

Name of Contact Person

Affordable Care, LLC

Firm/Company

629 Davis Drive, Suite 300

Address

Morrisville, NC 27560

City/State and Zip Code

jennifer.singleton@affordablecare.com

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

For further information concerning this matter, please call:

Jen Singleton

Name of Contact Person

at **984 328-4183**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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: Affordable Dentures & Implants - Orlando IV, P.A.
2. The principal office address: 1163 Blackwood Avenue, Ocoee, FL 34761
3. The mailing address (if different): 629 Davis Drive, Suite 300, Morrisville, NC 27560

4. Date of incorporation/qualification: 3/7/19 Document number: P19000021541

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)

National Registered Agents, Inc.

1200 South Pine Island Road

Plantation, FL 33324

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Jena Taft
Signature of an officer or director

Jena Taft, Assistant Secretary

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.

Natalie Leiba-Paul
Signature of Registered Agent

April 02, 2019

Date

If signing on behalf of an entity:

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Natalie Leiba-Paul - Assistant 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
 CR2B045 (03/12)

2019 APR -2 AM 10:09
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