P19000032952

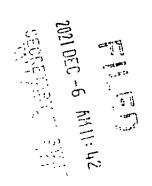
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(D. 1) 5				
(Business Entity Name)				
(Document Number)				
Out to the second of the secon				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. SILAS L. L. LULI				
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: DENTISTS OF OCOEE, P.A. of Corporation	
	UMENT NUMBER: P19000032952	
The e	nclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning th	nis matter to the following:
JOEL:	LE CHURIK	
Name	of Contact Person	
UNIS	EARCH, INC.	
Firm/	Company	
1990	MAIN STREET, STE 750-709	
Addre	ess	
	ASOTA, FL 34236	
City/S	State and Zip Code	
	UNISOP@UNISEARCH.	
E-ma	il address: (to be used for future anni	ual report notification)
For fo	orther information concerning this matte	r, please call:
JOEL	LE CHURIK	at (888)617-4478 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to t	he Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\overline{\text{FL}}$ are to change its registered office or registered agent, or both, in the State of Flo		his ———	-
1. The name of	the corporation: DENTISTS OF OCOEE, P.A.			_
2. The principal	office address: NIAL DRIVE, SUITE 30 OCOEE, FL 34761			_
3. The mailing a	address (if different): 17000 RED HILL AVENUE, IRVINE, CA 92614			
4. Date of incor	poration/qualification: 04/19/2019 Document number: P190000329) 52		
5. The name and	d street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)			
	UNISEARCH, INC.			
	155 OFFICE PLAZA DRIVE	038 038	2021	
	TALLAHASSEE, FL 32301	RETA	1021 DEC -6	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	TRACE OF S	-6 AH 11: 42	
	UNISEARCH, INC.	STAT	-: -:	
	1990 MAIN STREET, STE 750-709	.11	100	
	P.O. Box NOT acceptable SARASOTA, FL 34236			
The street address changed will	ress of its registered office and the street address of the business office of its it be identical.	register	ed ager	nt,
Such change w authorized by the	ras authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	fficer so)	
Signatu	ure of an officer or director Printed or typed name and title			
I furthér agrée of my duties, ar document is bei	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and compand I am familiar with and accept the obligation of my position as registered aing filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	lete per agent. i confirn	formar Or, if t n that t	nce his he
λ	11/01/2021			
[]	chalf of an entity:			_
	K, 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)