P140000 45368

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
.
(Document Number)
Certified Copies Certificates of Status
Cassial landwatings to Filian Officer
Special Instructions to Filing Officer:
Q. SILAS
6 126
(1261

Office Use Only



500377338675

13/06/21--01018--038 **1120.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DENTISTS OF WINTER PARK, PA. Name of Corporation	
DOCUMENT NUMBER: P19000045368	
The enclosed Statement of Change of Registered O	office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
JOELLE CHURIK	
Name of Contact Person	
UNISEARCH, INC.	<u> </u>
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 re	eport notification)
For further information concerning this matter, ple	ase 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 the D	epartment of State.
Mailing Address:	Street Address:

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga	nized under the laws of the State of $rac{ extsf{FL}}{}$		this	
	er to change its registered office or regis		nda.		
1. The name of	the corporation: DENTISTS OF WINTER	ATAKK, TA.			
	office address: VE WINTER PARK, FL 32792				<u> </u>
3. The mailing a	address (if different): 17000 RED HILL A	AVENUE, IRVINE, CA 92614			
4. Date of incor	poration/qualification: 06/03/2019	Document number: P190000453	68		
	d street address of the current registered rtment of State: (If resigned, enter resign		the		
	UNISEARCH, INC.				
	155 OFFICE PLAZA DRIVE		(D	2(
	TALLAHASSEE, FL 32301		ECRE)21 DE	7
6. The name an (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	TARY 0	2021 DEC -6 NH11: 41	
	UNISEARCH, INC.		።	=	الله الله
	1990 MAIN STREET, STE 750-709				
	P.O. Bo SARASOTA, FL 34236	ox NOT acceptable			
The street addr	ess of its registered office and the stree	t address of the business office of its re	egister	red ag	ent,
	as authorized by resolution duly adopte he board, or the corporation has been n				
Signatu	ire of an officer or director	Printed or typed name and title			_
I further agree of my duties, ar document is be	the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ob- ing filed merely to reflect a change in t s been notified in writing of this change	tutes relative to the proper and compl ligation of my position as registered a he registered office address. I hereby t	ete pei gent, confiri	rforma Or, if m that	ance this the
/	tollo (huc	11/01/2021			
1	chalf of an entity:	Date			
JOELLE CHUR	J IK, ASST. SECRETARY				
7	'yped or Printed Name				
	* * * FILING F	EE: \$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)