

P19 000065947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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C. GOLDEN

JAN 13 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: _____

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:

Diana Ibrahim
Contact Person

Dental Care America Corp
Firm/Company

8951 Bonita Beach Rd, Suite 206
Address

Bonita Springs FL 34135
City, State and Zip Code

Diana.I.BDC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Ibrahim at (646) 312.2237
Name of Contact Person Area Code Daytime Telephone Number

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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dental Care America Corp.
2. The principal office address: 8951 Bonita Beach Rd, Suite 206
Bonita Springs FL 34135
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/16/19 Document number: P 19000065947
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)

John Elliott
8951 Bonita Beach Rd, Suite 206
Bonita Springs FL 34135

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AM 9:58

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

Charles Wallace
8951 Bonita Beach Rd Suite 206
Bonita Springs FL 34135

P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Frederick Eck President / owner
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.

[Signature]
Signature of Registered Agent

12/2/19
Date

If signing on behalf of an entity:

CH WALLACE DDO
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)