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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

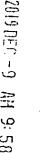
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C. GOLDEN JAN 1 3 2020

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 fil	ing.
Please return all correspondence concerning this matter to the following:	
Diana Ibiahim	
Contact Person	
Sental Care America Corp Firm/Company	
8951 Bon. La Board Rd Surte 206 Address	
Bonik Spring FL 34135 City State and Zip Code	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Digney Ibrah, m at (646) 312.223	
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

CR2E045 (04/13)

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 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 Arrovica Corp.
2. The principal office address: S951 Bonita Booch Rd Suite 206 Bonita Springs FL 34185
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/16/19 Document number: P 190000 6 5947
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)
Sonita Seech 21, Suite 266 Bonita Spring FL 34135 =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
8951 Bonifa Boach Rd Suite 206 P.O. Box NOT acceptable TSonife Springs FL 34135
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.
Symature of an other or director 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 of Registered Agent Date
If signing on behalf of an entity:
Mar ALLACE DOS

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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