P19000075412

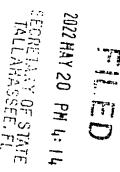
		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(υσ	cument Number)	
Certified Copies	_ Certificates	of Status
_		
Special Instructions to	Filing Officer:	
		

Office Use Only



800387910778

05/20/22--01021--005 **420.00 |



A. BUTLER
JUL 26 2022

COVER LETTER

TO:

Amendment Section Division of Corporations

	•
SUBJECT: NAPLES SMILES DENTISTRY, PA Name of Corporation	
DOCUMENT NUMBER: P19000075412	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
JOELLE CHURIK	
Name of Contact Person	
UNISEARCH, INC.	
Firm/Company	
1990 MAIN STREET, STE 750-709	
Address	
SARASOTA, FL 34236	
City/State and Zip Code	
JOELLE.CHURIK@UNISEARG	CH.COM
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	ase call:
JOELLE CHURIK	31 (888)617-4478
Name of Contact Person	at (888)617-4478 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA
·	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: NAPLES SMILES DENTISTRY, PA
2. The principal	office address: 5072 AIRPORT ROAD NORTH, NAPLES, FL 34105
3. The mailing a	ddress (if different): 17000 RED HILL AVE STE 107, IRVINE, CA 92614
4. Date of incorp	poration/qualification: 10/07/2019 Document number: P19000075412
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	UNISEARCH, INC.
	155 OFFICE PLAZE DRIVE
	TALLAHASSEE, FL 32301
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	UNISEARCH, INC.
	UNISEARCH, INC. 1990 MAIN STREET, STE 750-709 P.O. Box NOT acceptable
	P.O. Box NOT acceptable SARASOTA, FL 34236 P.O. Box NOT acceptable SARASOTA, FL 34236
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	re of an officer or director Printed or typed name and title
I hereby accept I further agree of my duties, an document is bei corporation has	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 complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	bell Churth 05/01/2022
Signing on bo	whalf of an entity:
Joelle Ch	WIK ASST, Secvetury
·	* * * 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)