P2000015112

Office Use Only



800377338568

12/06/21--61018--008 **1120.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DENTISTS OF MIAMI GARDENS, PA			
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:		
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			
UNISOP@UNISEARCH.CO	M		
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, p	please 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	Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Amendment Section Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of che	ange is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of <u>FL</u> gistered agent, or both, in the State of Florid	
	the corporation: DENTISTS OF MIAM		
2. The principal			
		AVENUE, IRVINE, CA 92614	· <u> </u>
4. Date of incor	rporation/qualification: 02/05/2020	Document number: P20000015113	2
5. The name an		ed agent and registered office on file with th	
	UNISEARCH, INC.	S	2021
	155 OFFICE PLAZA DRIVE	ALL	[=] 2021 DEC
	TALLAHASSEE, FL 32301		6
6. The name an (if changed):	-	agent (if changed) and /or registered office	AHII: 42
	UNISEARCH, INC.		
	1990 MAIN STREET, STE 750-709		
	P.O SARASOTA, FL 34236	D. Box NOT acceptable	
The street addr	ress of its registered office and the str Il be identical.	reet address of the business office of its re	gistered agent,
		pted by its board of directors or by an offi i notified in writing of the change.	
Signat	ture of an officer or director	Printed or typed name and title	
I further agree of my duties, a document is be	of the appointment as registered agente to comply with the provisions of all and I am familiar with and accept the eing filed merely to reflect a change is been notified in writing of this change.	statutes retailve to the proper and comple obligation of my position as registered ag n the registered office address, I hereby co nge.	te performance gent. Or, if this onfirm that the
	ignature of Registered Agent	11/01/2021 Date	
	chalf of an entity:		
JOELLE CHUF	RIK, ASST. SECRETARY	÷	
	Typed or Printed Name		
	* * * FILING	G 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)