P24000041359

Division of Corporations

Florida Department of State
Division of Corporations
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(((H24000266439 3)))

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Fax Number : (850)617-6380

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Account Name : INCFILE.COM LLC
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REGISTERED AGENT CHANGE
CABANZON DENTAL CORP

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CABANZON DENTAL CORP
Name of Corporation

DOCUMENT NUMBER: P24000041359

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:

LOVETTE DOBSON
Name of Contact Person

Firm Company
17350 STATE HWY 249 #220
Address
HOUSTON TX 77064
City/State and Zip Code
EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

LOVETTE DOBSON 281 8884623453
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (01/13)

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

(((H24000266439 3)))

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

1. The name of the corporation: CABANZON DENTAL CORP

2. The principal office address: 8050 SW 72 Avenue APT 2301
MIAMI, FL 33143-7731

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/17/2024 Document number: P24000041359

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)

REPUBLIC REGISTERED AGENT LLC
1150 NW 72ND AVE TOWER 1 STE 455
MIAMI, FL 33126

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

David Cabanzon
120 Ne 2nd St Suite 160
P.O. Box NOT acceptable
Boca Raton, FL 33432

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.

David Cabanzon
Signature of an officer or director

David Cabanzon - President
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.

David Cabanzon
Signature of Registered Agent

08/08/2023
Date

If signing on behalf of an entity:

David Cabanzon
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

CR2E015 (04-13)