

P95000014857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

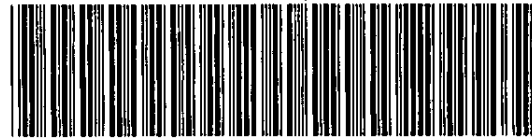
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400251135454

09/03/13--01005--026 **35.00

FILED
RECEIVED
13 SEP -3 AM 11:08

Rb/ch8
①a 9.12.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakes Plaza Dental Associates, PA
Name of Corporation

DOCUMENT NUMBER: P95000014857

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:

H. RUTH Pyle
Name of Contact Person

Lakes Plaza Dental Associates, PA
Firm/Company

2239 N. Commerce Plwy, Suite 1
Address

Weston, FL 33326
City/State and Zip Code

hruthp@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Ruth Pyle at (954) 349-4004
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
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lakes Plaza Dental Associates, PA
2. The principal office address: 2239 North Commerce Parkway, Suite 1
Weston, FL 33326
3. The mailing address (if different): same

4. Date of incorporation/qualification: 02/21/1995 Document number: P95000014857

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)

Stephen J. Pyle, DOS
290 Indian Trace
Weston, FL 33326

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

Stephen J. Pyle, DOS
2239 N. Commerce Parkway, Suite 1
P.O. Box NOT acceptable
Weston, FL 33326

FILED
SECRETARY OF STATE
13 SEP -3 PM 11:08

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

H. Roth Pyle, Treasurer
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

08/27/13
Date

If signing on behalf of an entity:

Stephen J Pyle, DOS
Typed or Printed Name

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