

(850) 681-6528

FOR PICKUP BY UCC SERVICES

	.,		OFFICE USE ONLY
			818028/3500U
			October 18, 2000
STRVICE	CORP	ORATION NAME (S) AND DOG	CUMENT NEMBER (S):
A JELLE, T. E. L. L. L. J. Or Or		fessional Development Consultants	λC
			1000
			% & 3
Filing Evidence		Type of Docu	
☑ Plain/Confirmation (Copy	☐ Certificate of	Status Status
□ Certified Copy		□ Certificate of	Good Standing
	,	□ Articles Only	
		□ All Charter D	ocuments to Include
Retrieval Request		Articles & An	nendments
□ Photocopy		□ Fictitious Nan	ne Certificate
□ Certified Copy		□ Other 800	0034285587 -10/18/0001016018 *****35.00 *****35.00
NEW FILINGS	AN	MENDMENTS	
Profit	Am	nendment	TALL TALL JVVISI OC.F
Non Profit	Re	signation of RA Officer/Director	PRE ON OR ANIA
Limited Liability	X Ch	ange of Registered Agent	
Domestication	Dis	ssolution/Withdrawal	77.5 1V 10.00 10.
Other	Me	erger	WII: 52
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OTHER FILINGS	RE	GISTRATION/QUALIFICATION	
Annual Reports	For	reign	
Fictitious Name	Lin	nited Liability	
Name Reservation	Rei	instatement 9.000	
Reinstatement	Tra	idemark	LIETTE OCT 18 2000

Other

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

Pursuant to th	ne provisions of sections 607.0502, 617.050	2, 607.1508, or 617.1508, Florida Statutes,
the undersigne	ed corporation organized under the laws of t Nowing statement in order to change its reg	istered office or registered agent, or both, in
the State of Flo		
1. The name o	f the corporation is: Orthodontic Professional	Development Consultants, Inc.
2. The mailing	g address of the corporation is: 3850 N. Cause	eway Blvd., #990
Metairie, L		
3. Date of inc	corporation/qualification: 0/16/98	Document number: P00000038764
4. The name a	and address of the current registered agent an	
	Corporation Service Company	
	1201 Hays Street	office: (P. O. Box Not Acceptable)
	Tallahassee, FL 32301-2525	
5. The name a	and address of the new registered agent and o	office: (P. O. Box Not Acceptable)
	NRAI Services, Inc.	
	526 East Park Avenue	
	TAllahassee, FL 32301	
agent, as char	nged, will be identical.	ddress of the business office of its registered
Such change authorized by	was authorized by resolution duly adopted the board.	by its board of directors or by an officer so
B. 16	a Junusauth.  The of an officer, chairman or vice chairman of the board)	10-12-00
(Signatu	ire of an officer, chairman or vice chairman of the board)	(Date)
Bartholomew F	F. Palmisano, Jr., CFO Secretary/Treasurer (Printed or typed name and title)	
corporation,	named as registered agent and to accept so I hereby accept the appointment as registed ee to comply with the provisions of all statu of my duties, and I am familiar with and ac gent.	tes relative to the proper and complete
Morile	NRAI Services, Inc.	10-17-01
Gaily Ward	(Signature of Registered Agent)	(Date)
	chalf of an entity:	
Gaily Ward	(Toward on Drinted Nama)	Assistant Secretary (Capacity)
	(Typed or Printed Name)	( <del></del>
	$\phi \phi \phi$ will take the . (	P25 AA * * *

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