

P98 0000 43712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

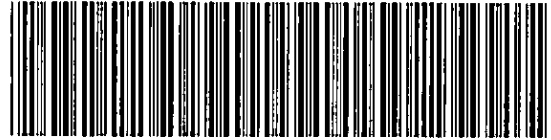
(Business Entity Name)

(Document Number)

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SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

2020 JAN -6 AM 9:03

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RA/RO/CH8

FEB 06 2020
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocean Oaks Dental Group of Vero, P.A.
Name of Corporation

DOCUMENT NUMBER: P98000043712

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:

Robert B. McDonald

Name of Contact Person

Ocean Oaks Dental Group

Firm/Company

880 37th Place, Suite 101

Address

Vero Beach, Florida 32960

City/State and Zip Code

info@oceanoaksdental.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Randal Brennan, Esquire

Name of Contact Person

at (772)

778-3777

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

**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: Ocean Oaks Dental Group of Vero, P.A.
2. The principal office address: 880 37th Place, Suite 101, Vero Beach, Florida 32960
3. The mailing address (if different): n/a
4. Date of incorporation/qualification: 05/14/1998 Document number: P98000043712
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)

Robert Callery

880 37th Place

Vero Beach, Florida 32960

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

Robert B. McDonald

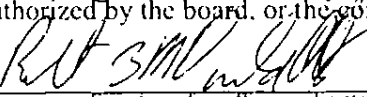
880 37th Place, Suite 101

P.O. Box NOT acceptable

Vero Beach, Florida 32960

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 of an officer or director

Robert B. McDonald
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 of Registered Agent

Robert B. McDonald 1/3/2020
Date

If signing on behalf of an entity:

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
CR2E045 (04/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA