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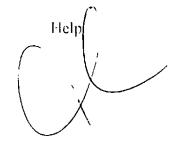
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REGISTERED AGENT CHANGE ERIC S. BURGESS, D.M.D., P.A.

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

| statement of cha | provisions of sections 607,0502, 617,0502 inge is submitted for a corporation organi ir to change its registered office or registe | ized under the lows of the State of $\underline{ar{ar{1}}}$ | FL | |
|---|---|--|---|--|
| The name of the principal | the corporation: ERIC S. BURGESS, D.M. office address: 180 Library Boulevard, Suit | D., P.A. te 101, Ponte Vedra Beach, Florida 32 | 2082 | |
| | iddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 05/21/1998 | Document number: P9800004 | 6545 | |
| | I street address of the current registered ag ament of State: (If resigned, enter resigned | | th the | |
| | ANDERSON, BRUCE R., Jr. | | | |
| | 180 Library Blvd. Suite 101 | | | |
| | Pome Vedra Beach, FL 32082 | | | |
| 6. The name and (if changed): | I street address of the new registered agen C T Corporation System | t (if changed) and /or registered offi | 2024 MAR -4 | |
| | 1200 South Pine Island Road | | က <u></u> | |
| | P.O. Box Plantation, Florida 33324 | NOT acceptable | AM 9: 10 | |
| The street address changed will | ess of its registered office and the street a be identical. | ddress of the business office of its | registered agent. | |
| | is authorized by resolution duly adopted who had been not | | | |
| Signation | Sric Scott Burgess, D.M.D. | Eric Scott Burgess, D.M.D., Preside | ent | |
| I hereby accept I further agree to of my duties, an document is hei corporation has | the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. | l agree to act in this capacity. les relative to the proper and com gation of my position as registered registered office address, I hereby | plete performance agent. Or, if this v confirm that the | |
| C T Corporation | System ROOD | 2/19/2024 | | |
| Sign | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| Denise Bell, Ass | <u> </u> | | | |
| 1; | ped or Printed Name * * * FIL INC. EFF | F · \$35 nn * * * | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2F(45 (04/13)

By: