

P98000049992

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 6 2014
EXAMINER

COVER LETTER

Amendment Section
Division of Corporations

SUBJECT: Teeth R Us Dental Lab

Name of Corporation

DOCUMENT NUMBER: P9800004992

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:

Cheryl Forshee

Name of Contact Person

Teeth R Us Dental Lab

Firm/Company

17325 NW 27th

Address

Miami Gardens Fl. 33056

City/State and Zip Code

forsheecheryl76@yahoo.com

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

For further information concerning this matter, please call:

Cheryl Forshee

Name of Contact Person

at (305) 968-8495

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Teeth R Us Dental Laboratory & Referral Service, Inc.

2. The principal office address: 17325 NW 27th Ave. Miami Gardens Florida STE 200

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/4/1998 Document number: P9800004999 2

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)

Glenn Eldon Forshee

FORSHEE, GLENN
17325 NW 27TH AVENUE
SUITE 201
MIAMI, FL 33056

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

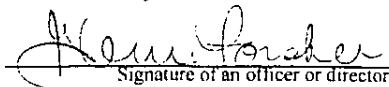
Glenn Eldon Forshee
19703 NW 32nd Place
Miami Gardens Florida 33056

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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

Glenn Eldon Forshee 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.


Signature of Registered Agent

5/20/2014

Date

If signing on behalf of an entity:

Teeth R Us Dental Laboratory & Referral Service, Inc.

Typed or Printed Name

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