

Pablo Dental Lab Inc

1301 Penman Rd Suite E

Jacksonville Beach FL 32250

	Office Use Only			
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):			
	29 T			
1.				
(Corporation Name)	(Document #)			
2.				
(Corporation Name)	(Document #)			
	₹			
Corporation Name)	(Document #)			
, , ,	8000033092182 -06/23/11-11178-117			
4	*****35.00 *****35.00			
(Corporation Name)	(Document #)			
☐ Walk in ☐ Pick up time _	Certified Copy			
☐ Mail out ☐ Will wait	Photocopy			
Will Walt	— Flotocopy — Certificate of Status			
NEW FILINGS	AMENDMENTS			
☐ Profit	☐ Amendment			
Not for Profit	Resignation of R.A., Officer/Director			
☐ Limited Liability	Change of Registered Agent			
Domestication	☐ Dissolution/Withdrawal			
□ Other	☐ Merger			
OTHER FILINGS	REGISTRATION/QUALIFICATION			
Annual Daniel				
☐ Annual Report ☐ Fictitious Name	Foreign Limited Bonton and Lin			
— 1 loutious traille	Limited Partnership Reinstatement			
	Trademark			
	☐ Other			
	1 1			

Examiner's Initials

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

	orovisions of sections 6 corporation organized u				la Statutes,
submits the follow	ving statement in order da.	to change its reg	ristered office or	registered agent,	or both, in
1. The name of th	te corporation is: P	ABLO DENI	TAL LAB 1	INC.	
2. The mailing ad	dress of the corporation	ı is: <u>1301 f</u>	PENMAN R	DAD SUIT	EE
3. Date of incorp	oration/qualification: _	7-1-99	Document	number: <u>P990</u>	00058747
4. The name and	address of the current re	egistered agent an	d office:		
_	MARVIN V.	DUPREE			200
_	1511-C P	ENMAN RD	· · · · · · · · · · · · · · · · · · ·		
5. The name and	JACKSONVILL address of the new regi	F BEACH. stered agent and c	FL. 322 office: (P. O. Box	Not Acceptable)	PH 2: LT
	RICHARD W. H	ASSON_			
	1301-E PENA				
	JACKSONVILLE				,
The street addres agent, as change	ss of its registered offic d, will be identical.	e and the street a	ddress of the bus	siness office of its	registered
Such change was authorized by the	s authorized by resoluti e board.	on duly adopted	by its board of d	_	
(Signature o	f an officer, chairman or vice of	hairman of the board)		6 · 26 - 86 (Date)	<u> </u>
RICHARA	W. HASSON (Printed or typed name an	VILE PR	ESIDEM		er e
corporation, I he I further agree to performance of t registered agent		t and to accept sent entment as register isions of all statu miliar with and ac	tes relative to the cept the obligat	e proper and con ion of my position	cupacny. uplete i as
Kuhali	N. Hussa			6-26-06 ate)	7
(Si	gnature of Registered Agent)		(D	ate)	
If signing on behalf	of an entity:				
(T	yped or Printed Name)			(Capacity)	
* * * FILING FEE: \$35.00 * * *					

CR2E045(7/97)