I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: CHARLES ASBRIDGE

Electronic Signature of Signing Officer/Director Detail

 Electronic Signature of Registered Agent

 Officer/Director Detail :

 Title
 P
 Title
 VP

 Name
 ASBRIDGE CHARLES
 Name
 ASBRIDGE SR_CHARLES

Oncer/Director Detail.			
Title	Ρ	Title	VP
Name	ASBRIDGE, CHARLES	Name	ASBRIDGE SR., CHARLES B
Address	4495 COLCHESTER CREEK DRIVE	Address	1400 BILL MURRAY ROAD
City-State-Zip:	CUMMING GA 30040	City-State-Zip:	FRIENDSHIP TN 38034
Title	VP		
Name	WALDING, STEPHEN J		
Address	4495 COLCHESTER CREEK DRIVE		
City-State-Zip:	CUMMING GA 30040		

SIGNATURE:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

4495 COLCHESTER CREEK DRIVE

Current Principal Place of Business:

DOCUMENT# P16000011299

4495 COLCHESTER CREEK DRIVE

CUMMING, GA 30040

CUMMING, GA 30040 US

FEI Number: 81-1321016

Current Mailing Address:

Name and Address of Current Registered Agent:

ASBRIDGE, CHARLES 444 WEST PIPKIN ROAD LAKELAND, FL 33813 US

Entity Name: HAMMERHEAD DENTAL CONSULTING INC

FILED May 01, 2019 Secretary of State 7693104452CC

Certificate of Status Desired: No

05/01/2019

Date

Date