### 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. SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** Title D Title D PUGH. JODY D PUGH. MELANIE Name Name Address 8800 BERNWOOD PARKWAY SUITE 4 Address 8800 BERNWOOD PARKWAY SUITE 4 City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135 Title D Name PUGH, JACKIE D Address

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JODY PUGH

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Certificate of Status Desired: No

### **Current Mailing Address:**

8800 BERNWOOD PARKWAY SUITE4 BONITA SPRINGS, FL 34135

### FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

PUGH, JODY D 8800 BERNWOOD PARKWAY SUITE4 BONITA SPRINGS, FL 34135 US

# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N0900003434

Entity Name: HERO SMILES INC.

### **Current Principal Place of Business:**

8800 BERNWOOD PARKWAY SUITE4 SUITE 4

BONITA SPRINGS, FL 34135

# Date

8800 BERNWOOD PARKWAY SUITE 4 BONITA SPRINGS FL 34135

03/19/2018

FILED Mar 19, 2018 Secretary of State CC5003907636

Date