

FI4000000 976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

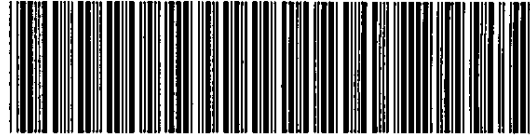
(Business Entity Name)

(Document Number)

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APR 20 2015

APR 20 2015

EX-111

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smile For a Lifetime, Inc.
Name of Corporation

DOCUMENT NUMBER: F14000000976

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:

Janet Capela

Name of Contact Person

Smile For a Lifetime, Inc.

Firm/Company

4565 Hilton Parkway, Ste. 203

Address

Colorado Springs, CO 80907

City/State and Zip Code

janet@s4l.org

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

For further information concerning this matter, please call:

Janet Capela

Name of Contact Person

at (719) 535-2777

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2015

JANET CAPELA
4565 HILTON PKWY STE 203
COLORADO SPRINGS, CO 80907

SUBJECT: SMILE FOR A LIFETIME, INC.
Ref. Number: F14000000976

We have received your document for SMILE FOR A LIFETIME, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is not correct. This is a Foreign Corporation I am sending you the correct document to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 315A00005973

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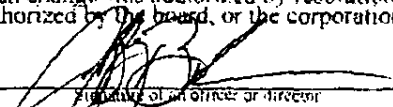
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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

1. The name of the corporation: Smile For a Lifetime, Inc.
2. The principal office address: 4565 Hilton Parkway, Ste. 203
Colorado Springs, CO 80907
3. The mailing address (if different): _____
4. Date of incorporation/qualification: FL 3/4/2014 Document number: F14000000976
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)
Northwest Registered Agent, LLC
3030 N. Rocky Point, Dr., Ste. 150a
Tampa, FL 33607
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
Dr. Shreena Patel
3540 South Third St.
P.O. Box NOT acceptable
Jacksonville Beach, FL 32250

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

Jeffrey Behan, Treasurer

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

4/9/15

Date

If signing on behalf of an entity:

Shreena Patel

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA