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OCT - 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Smile Express Las Olas, LI (Name	LC e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Please return all correspondence concerning	Office Change and fee(s) are submitted for filing ag this matter to the following:	3.
Mitchell B. Kirschner, Esq.		
(Name of Person) Mitchell B. Kirschner, P.A.		7. 20
(Firm/Company) 1515 North Federal Highway, Suite 314		FILED 2008 OCT -6 AM II: 22 SECRETARY OF STATE TALLAHASSEE. FLORID
(Address)		SEE FLOR
Boca Raton, FL 334332 (City/State and Zip Code)	·	22 RID.
For further information concerning this ma	atter, please call:	
Mitchell B. Kirschner	at (_561) 347-0000	
(Name of Person)	(Area Code & Daytime Telephone Numl	der)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	•
Enclosed is a check for the follow	ing amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: Smile Ex	xpress Las Olas, LLC	
2.	(a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 555 South Federal Highway Suite 340 Boca Raton, FL 33432	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	555 South Federal Highway Suite 340 Boca Raton, FL 33432	
_	December 20, 2007	<u>L07000126245</u>	
	Date of filing/registration in Florida	4. Document number	
Э.	(a) Registered Agent and Registered Office showr Registered Agent:	Mitchell B. Kirschner, P.A.	
	Registered Office Address:	1515 North Federal Highway Suite 314 Boca Raton, FL 33432	
	(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:	
	NEW Registered Agent:	Robert Lipton	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 605 Boca Raton State 33432	
tha of he lia lin	at after the change or changes are made, the Florida fice of the registered agent will be identical. Or, in t	r the laws of the State of Florida, it is hereby confirmed street address of the registered office and the business the case of a Florida limited liability company, it is ized by an affirmative vote of the members of the limited liability company of the limited by an affirmative vote of the members of the limited street of organization or the operating agreement of the	S
	Robert Lipton inted or typed name of signee)		
-	* *	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, and sition as registered agent as provided for in Chapter 6 ect a change in the registered office address, I hereby offied in writing of this change.	d I 508,
(S	gnature of Registered Agent) Robert Lipton		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00