

W90000100688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

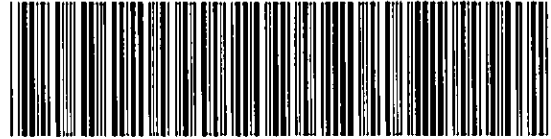
(Business Entity Name)

(Document Number)

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18 JUL -5 AM 9:24  
ST. CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SIGNATURE SMILE FAMILY DENTISTRY  
Name of Corporation

DOCUMENT NUMBER: L090001001055

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:

HILARY H. PRILL  
Name of Contact Person  
SIGNATURE SMILE FAMILY DENTISTRY  
Firm/Company  
175 CRISPIN STREET  
Address  
MORRITT ISLAND, FL 32952  
City/State and Zip Code  
HHOLLAND@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. HILARY PRILL  
REGAN LUCAS at (321) 633-4020  
Name of Contact Person 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

June 21, 2018

HILARY H. PRILL  
175 CRISPIN ST  
MERRITT ISLAND, FL 32952

SUBJECT: SIGNATURE SMILE FAMILY DENTISTRY, PL  
Ref. Number: L09000100655

We have received your document for SIGNATURE SMILE FAMILY DENTISTRY, PL and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 518A00012987

RECEIVED  
18 JUL -5 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIGNATURE SMILE FAMILY DENTISTRY, PC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARRY H. PHILL  
Name of Person

SIGNATURE SMILE FAMILY DENTISTRY  
Firm/Company

175 CRISPIN STREET  
Address

MARIETTA FL 32952  
City/State and Zip Code

H.HOLLAND@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Harry PHILL at (321) 633-4020  
Name of Person Area Code & Daytime Telephone Number  
REGAN LUCAS

**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 following 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 605.0114 or 605.0116, 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: Signature Smile Family Dentistry P.L.

2. (a) \_\_\_\_\_ (b) SAME  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 01.01.2010 4. 4090001001e55  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

31650 MURREN RD #124  
ROCKLEDGE, FL 32955

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

573 BARNES BLVD #101  
ROCKLEDGE, FL 32955

NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Helen H. Hall  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
Signature of Registered Agent

FILED  
18 JUL -5 AM 9:24  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS