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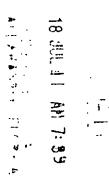
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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SHRI	HEALTHY SMILE PET DEN	ITAL LLC						
	Name of Limited Liability Company							
Dear :	Sir or Madam:							
The e	nclosed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	is matter to t	he following:					
Rays	sa V Felix							
	Name of Person							
HEA	LTHY SMILE PET DENTAL LLC							
	Firm/Company							
1215	58 SW 114th Place			► .	ā			
	Address			;÷				
Miar	ni, FL 33176				-			
	City/State and Zip Code			· -	Ari 1.			
rays	a@rezonate.us				ن			
	E-mail address: (to be used for future ann	nual report n	otification)	#				
For fi	urther information concerning this matter.	, please call:						
Rays	sa V Felix	305 at (4221422					
	Name of Person	*** \	Area Code & Daytime Telepho	one Number	r			
	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	g 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. Na	me of the limited liability company: HEALTHY SM	MILE PET	DENTAL LLC					
2. (a)	, , ,	(b)						
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 12154 SW 114th Place					
	12154 SW 114th Place							
	MIAMI, FL 33176		MIAMI, FL 33176					
	12/16/2010	L	10000128508					
3.	Date of filing/registration in Florida	4.	Document nur	nber				
5. (a)	Raysa V Felix							
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
								
	Registered Office Address (MUST BE FLORIDA STREET)		∞ → (<u>-</u>					
	12158 SW 114th Place							
	Miami	33176		= = -				
	,			25				
(b)	Raysa V Felix							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>ess</u> :	i i i i i i i i i i i i i i i i i i i					
	12154 SW 114th Place							
	NEW Registered Office Address:							
								
	Miami	33176						
the cha agent v was/we the arti	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and against of all statutes relative to the proper and complete	f the registe ability con of the limited list	ered office and the busin pany, it is hereby confir ed liability company or a bility company. CARLOS S: Printed or typed or this capacity. I further	ess office of the registered med that the change(s) as otherwise provided in TLVA name of signee				
motitiee	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I tim writing of this change.	ed for in CF hereby cor	upter 603, F.S. Or. if th firm that the limited lial	us accument is being filed bility company has been				
Signatu	re of Registered Agent							