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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

D. SCOTT JAN 2 6 2017

COVER LETTER

TO: Registration Section

Division of Corporations							
The Smile Factory Portrait S	Studio LLC						
SUBJECT: Nam	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning thi	is matter to the following:						
Nancy Luna							
Name of Person							
Rocket Lawyer							
Firm/Company							
FineCompany							
5850 Granite Parkway, Suite 215							
Address							
Plano, TX 75024		726					
City/State and Zip Code		超量					
nancy@legalinc.com		22 2					
E-mail address: (to be used for future ann	nual report notification)	TO E					
For further information concerning this matter,	please call:	ANY OF STATE ASSETS FOR STATE OF STATE					
Nancy Luna	844 384-0178	y *					
Name of Person	Area Code & Daytime Telephone N	umber					
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						
INHS18 (2/14)							

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: The Smile Fac	tory P	or	trait Stu	dio LLC		
2.	(a)	3935 N Cocoa Blvd, Suite G	(b) 3935 N Cocoa Blvd, Suite G					
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (~ <i>,</i> _	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Cocoa, FL 32926	_	-	Cocoa, F	FL 32926		
		02/26/2015	_	L	1500003	6394		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(a)	HEATHER CUMMINGS						
	` /	Registered Agent and Registered Office shown on the records of the	e Florida	a D	ept. of State	:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
		3935 N Cocoa Blvd, Suite G						
		Cocoa FL 3	32926	,				
(b)		Legalinc Corporate Services Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILED MO			
		NEW Registered Office Address:						
		FORT MEYERS , FL 3	3907	,		MO 34		
the age was the	char ent w s/we artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he regi oility co the lin	ste om nite	red office pany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	9	Heather Cummings ure of a member or authorized representative of a member	HE	Α	THER C	UMMINGS		
I h pro the to t not	ereb visio obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he is writing of this change. When the property of the change in the registered office address, I he is writing of this change.	e to ac erform for in (ereby c	t ir ian Ch ron,	this capa ce of my a apter 605, firm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		