

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP  
Account Number : 120100000075  
Phone : (305) 373-9419  
Fax Number : (305) 373-9443

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gisela.fasco@nelsonmullins.com

LLC REGISTERED AGENT CHANGE  
BRIGHT SMILE FINANCING, LLC

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September 20, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BRIGHT SMILE FINANCING, LLC  
1250 EAST HALLANDALE BEACH BLVD.  
409  
HALLANDALE BEACH, FL 33009US

SUBJECT: BRIGHT SMILE FINANCING, LLC  
REF: L17000066778

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

\*\*\*\*\*Please disregard previous letter.\*\*\*\*\*

Please provide complete address for the new registered agent in 5(b).

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: E18000273295  
Letter Number: 618A00019625

2018 SEP 20 PM 4:18

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

Pursuant to the provisions of sections 605.0114 or 605.0115, 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: <u>BRIGHT SMILE FINANCING, LLC</u>	
2. (a) <u>c/o Jon A. Sale, Receiver</u>	(b) <u>c/o Jon A. Sale, Receiver</u>
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> )	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> )
<u>Nelson Mullins Broad and Cassel</u>	<u>Nelson Mullins Broad and Cassel</u>
<u>2 South Biscayne Blvd., 21st Floor</u>	<u>2 South Biscayne Blvd., 21st Floor</u>
<u>Miami, FL 33131</u>	<u>Miami, FL 33131</u>
<u>03/23/2017</u>	<u>L17000066778</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>Darice Lang</u>	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
<u>1250 East Hallandale Beach Blvd.</u>	
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
<u>409</u>	
<u>Hallandale Beach, FL 33009</u>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
<u>Jon A. Sale, Receiver</u>	
NEW Registered Office Address:	
<u>Nelson Mullins Broad and Cassel</u>	
<u>2 South Biscayne Blvd., 21st Floor</u>	
<u>Miami, FL 33131</u>	

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.

Jon A. Sale Jon A. Sale, Receiver  
Signature of a member or authorized representative of a member 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.

Jon A. Sale  
Signature of Registered Agent

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

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