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COVER LETTER

TO: Registration Section Division of Corporations			
swf bonita rental flc			
SUBJECT: Name of Lin	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ave and fee(s) are submitted for filing		
Please return all correspondence concerning this matter	to the following:		
PROBING			
Name of Person			
SWE BODIED PREWERLL	uC		
Firm/Company			
3879 Privas Circi	>	2019 M	7
Address		是是	
LIGOZITA SERINIZ		25 1	ES
City/State and Zip Code		平 2	t 1
Fragion 34124		PH 3: 47	(
E-mail address: (to be used for future annual repo	rt notification)		
For further information concerning this matter, please c	zall:		
1. GORINE at (754,536.4802		
Name of Person	Area Code & Daytime Telephone Nu	ımber	
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		
England is a cheek for the following amount	•.		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.	Name of the limited	iability company:	SMA	150AMA	DRENTAL	. hlc
2. (a	a) בי אני (Joanice -		(b)		
`	Principal offic	e address of limited lia		. ("/	Mailing address of limite	
	3879	QUORAGE C	4112 cc 12			
	Bonis	TA SPRIM	xs Fi3H	154		
	Fas 2	.57 20	19	h	190000	54899
3.	Date of fi	ling/registration in	Florida	4.	Document number	
5. (Cas Lic	<u> </u>	_	
			on on the records of the	: Florida Dept. of Sta	ie:	
		J Hoursoc		-	_	_ ~
	Registered Office Add	dress (MUST BE F	LORIDA STREET AD	<u>DDRESS)</u>		PI FI 2019 MAR 2 SECRETA IALLAHAR
	DUITE 4	(>			_	
	Hours	.∞D	, FL_ <u></u>	33021	_	FILL 25
(t	CYNT	mia Ma	27wars			
•		Registered Agent and/	or <u>NEW Registered O</u>	ffice address:	_	- E
	3879	Rives (GR. F			
	NEW Registered Offi	ce Address:			_	;
	130217	a Sporin	<u> </u>		-	
				21.1712		
		1 - A	FL_ <u>`</u>	314124	_	
If the	limited liability on	party is not organi	zed under the laws	of the State of Fl	orida, it is hereby co	nfirmed that after flice of the registered
the c. ageni	hange or changes are will be identical. O	made, the Florida r in the case of a F	street address of th Torida limited liab	e registered offic ility company, it i	e and the business of s hereby confirmed t	ffice of the registered that the change(s)
was/	were authorized by an	affirmative vote of	of the members of t	the limited liabilit	y company or as oth	erwise provided in
ine a	rticles of organization	of the operating a	greement of the In	mited liability cor	poahy.	
Sign	nature of a member of aud	norized renzesentative	of a member		Printed or typed name	of signee
I her	rehy accent the appoi	ntment as register	ed agent and agree	to act in this can	vicity. I further nave	a to comply with the
provi the oi to me	sions of all statutes r bligations of my posi rely reflect or change red in writing of this c	elative to the prop ion as registered o in the registered o	er and complete pe igent as provided f iffice address, I he	erformance of my for in Chapter 60. reby confirm that	duties, and I am fam 5, F.S. Or, if this doc the limited liability o	ciliar with and accept cument is being filed company has been
	Ku	It				
Signa	ture of Registered Agent					