

L19 000117266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200329398922

05/29/19--01002--024 \*\*25.00

FILED  
2019 MAY 29 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

JUN 12 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Smile Haus PLLC

**SUBJECT:** \_\_\_\_\_  
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:

Mina Ghorbanifarajzadeh

\_\_\_\_\_  
Name of Person

Smile Haus PLLC

\_\_\_\_\_  
Firm/Company

1920 NE 210 St

\_\_\_\_\_  
Address

Miami, FL 33179

\_\_\_\_\_  
City/State and Zip Code

smilehaus@icloud.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mina Ghorbanifarajzadeh                      305                      336-0956

\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)                      Area Code & Daytime Telephone Number

**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**

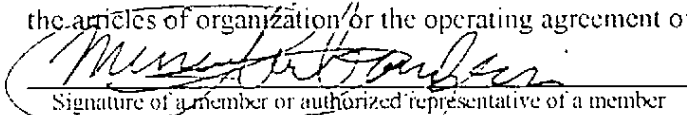
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Smile Haus PLLC

1. Name of the limited liability company: _____	
1920 NE 210 ST	1920 NE 210 ST
2. (a) _____	(b) _____
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: <u>MUST BE STREET ADDRESS</u> )	(Note: <u>MAY BE POST OFFICE BOX</u> )
Miami, FL 33179	Miami, FL 33179
_____	_____
_____	_____
4/30/2019	L19000117266
3. _____	4. _____
Date of filing/registration in Florida	Document number
Cheyenne Moseley, US CORP. Agents, INC.	
5. (a) _____	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
13302 Winding Oak Court	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
A	
Tampa	33612
_____ FL _____	
Mina Ghorbanifarajzadeh	
(b) _____	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
1920. NE 210 ST	
_____	
<u>NEW</u> Registered Office Address:	
_____	
Miami, FL	33179
_____ FL _____	

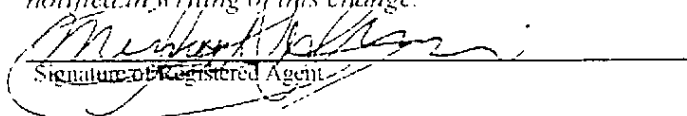
FILED  
2019 MAY 28 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

Mina Ghorbanifarajzadeh  
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