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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.

	es with a Smile LLC 724 Valley Forge Rd
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 .	Jacksonville, Florida 32208
	L22000142772
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Office addice	<u> </u>
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32208	-1
he register vility comp the limited mited liab	ate of Florida, it is hereby confirmed that after ed office and the business office of the registered sany, it is hereby confirmed that the change(s) if liability company or as otherwise provided in litty company. cw Butler, Manager Frated or typed name of signer
	this copacity. I further agree to comply with the e of my duties, and I am familiar with and accept peer 605. F.S. Or, if this document is being filed im that the limited liability company has been
	4. A. Inc Florida D. IDDRESS. 33324 Differ address of the State register relity compute limites united liab Matth

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00