

M19 000010282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

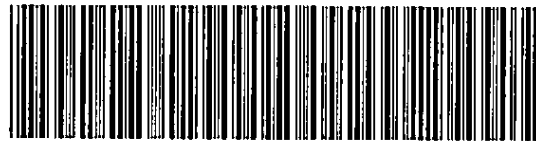
(Business Entity Name)

(Document Number)

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2020 JUL 24 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 09/15/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Smile Store International, LLC

\_\_\_\_\_  
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:

Isabel DePirro

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

The Smile Store International, LLC

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

850 NW Federal Hwy, Suite 408

\_\_\_\_\_  
Address

Stuart, FL 34994

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

isabel@smileagaincenter.com

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

For further information concerning this matter, please call:

Isabel DePirro

772 207-1281  
at ( )

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.*

1. Name of the limited liability company: The Smile Store International, LLC
2. (a) The Smile Store International, LLC  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
850 NW Fdral Hwy Suite 408  
Stuart, FL 34994
- (b) The Smile Store International, LLC  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
850 NW Fdral Hwy Suite 408  
Stuart, FL 34994
3. 10/18/2019 Date of filing/registration in Florida
4. 19000010282 Document number
5. (a) Stephen DePirro  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
749 NW Floresta Drive  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Port Saint Lucie, FL 34983
- (b) Bill Havre  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
7901 4th St N, STE 300  
**NEW** Registered Office Address:  
St. Petersburg, FL 33702

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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.

Isabel DePirro  
Signature of a member or authorized representative of a member

Isabel DePirro

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.*

Bill Havre  
Signature of Registered Agent