



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOGETHER WE SMILE FOUNDATIO  
Name of Corporation

**DOCUMENT NUMBER:** N16000001572

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Andrade  
Name of Contact Person

Firm/Company

5550 Glades Road. Suite 200  
Address

Boca Raton, FL 33431  
City/State and Zip Code

candrade@achievegea.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Andrade at ( 561 ) 715-1559  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOGETHER WE SMILE FOUNDATION INC
2. The principal office address: 5220 S. University Drive. Ste C-102  
Davie, FL 33328
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/15/16 Document number: N16000001572

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Silvas Financial Services, LLC

5220 S University Drive. Ste C-102

Davie, FL 33328

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Fortunata Espinoza

2385 NW Executive Drive. Suite 100

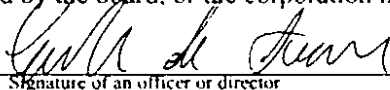
P.O. Box NOT acceptable

Boca Raton, FL 33431

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2019 JAN -9 PM 5:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

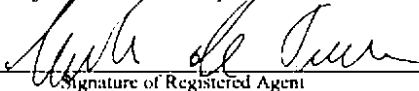


Signature of an officer or director

Constanza de Jesus

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

1/3/19

Date

If signing on behalf of an entity:

Constanza de Jesus

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314