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(Requestor's Name)
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(Document Number)
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B.A.

Thomas 10-7-11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LITTLE Smiles, Inc. Name of Corporation
DOCUMENT NUMBER: N9900001455
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:
Paul L. Donchue Jr. Name of Contact Person
Firm/Company
8605 Doverbrook Dr. Address
Palm Beach Gardens, Fr 33410 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amie Cutcher at 501 U72.8003 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Little Smiles, Inc.
2. The principal office address: 4611 Okeechobee Blud, #114 West Palm Beach, FL 33417
3. The mailing address (if different):
4. Date of incorporation/qualification: 31111999 Document number: N9900001655
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)
Oren S. Tasıni
11780 US HWY 1 #300 == == == ==
N. Palm Beach, F_ 33408 = = =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TAULCE STACE.
8605 Doverbrook Dr. P.O. Box NOT acceptable
Palm Beach Gardens, FL 33410
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.
AShley Gordon Signature of an officer or director Ashley Gordon 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.
(0/3/2011 Sugarous Professoral Appart
Signature of Registered Agent If signing on behalf of an entity:
Typed or Printed Name

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

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