

P10000032871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

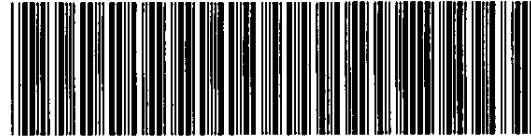
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800215635828

01/03/12--01029--008 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -3 AM 11:13

*R.A. Chy.*  
C.COULLIETTE

JAN 06 2012

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Confident Smile PA  
Name of Corporation

**DOCUMENT NUMBER:** P 100000 32871

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:

Samer Koleilat  
Name of Contact Person

Confident Smile PA  
Firm/Company

2500 E. Las Olas Blvd, Apt 1009  
Address

Fort Lauderdale, FL 33301  
City/State and Zip Code

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

For further information concerning this matter, please call:

Samer Koleilat at 954-298-9353  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Confident Smile PA  
2. The principal office address: 2500 East Las Olas Blvd, Apt 1009  
Fort Lauderdale, FL 33301  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/15/2010 Document number: P10000032871

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)


Mr. Samer Koleilat  
347 W. New River Dr. E Apt 1911  
Fort Lauderdale, FL 33301

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

Mr. Samer Koleilat  
2500 East Las Olas Blvd, Apt 1009  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33301

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

ABir Massri, President  
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

12/31/2011  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -3 AM 11:16