

P/4000070828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

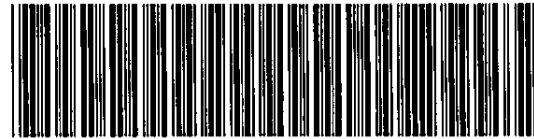
(Business Entity Name)

(Document Number)

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12/15/16--01021--008 \*\*10.00

200291819462  
11/14/16--01026--001 \*\*25.00

FILED  
19 DEC -5 PM 12:15  
CLERK OF SUPERIOR COURT  
JANUARY 19, 2017

LA Change

DEC 12 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2016

JUAN R. YOUSSEF  
LOOP SMILE GROUP PA  
7902 N.W.W 36 STREET, SUITE #209  
DORAL, FL 33166

SUBJECT: LOOP SMILE GROUP PA  
Ref. Number: P14000070828

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a PARTNERSHIP REGISTRATION, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 916A00024656

RECEIVED  
16 DEC -5 PM 2:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Loop Smile Group P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P14000070828

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:

Juan R Gousset  
Name of Contact Person

Loop Smile Group P.A.  
Firm/Company

7902 N.W. 36th Suite 209  
Address

Doral, FL 33166  
City/State and Zip Code

CEO@loopdent.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan R Gousset at ( 305 ) 477-7655  
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: Loop Smite Group P.A.  
2. The principal office address: 7902 N.W. 36th Suite 209  
Doral, FL 33166  
3. The mailing address (if different): SAME  
4. Date of incorporation/qualification: 8/22/2014 Document number: P14000070828  
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)

Corporate Creations Network LLC.  
11380 Prosperitas Farms Road #2219  
Palm Beach Gardens, FL 33410

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

Juan R Goussef  
7902 N.W. 36th Suite 209  
Doral, FL 33166

P.O. Box NOT acceptable

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 authorized director

Printed or typed name and title

Juan R Goussef  
Authorized Represent.

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

Date

11-30-2016

If signing on behalf of an entity:

Typed or Printed Name

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