## PIS CCCCIARCZ

(Requestor's Name)		
(Address)	00035	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	09/29/2	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



000352188090

09/29/20--01033--029 \*\*35.00

959 - 50 FT 4: 56

RA ROCHE

NOV 0 5 ZDZN I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: September 25, 2020

Order#: 436410/013

Re: PT SMILE HOLDINGS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corporatio	of 17.0302, 607.1308, or 617.1308, Florida Statutes, in organized under the laws of the State of FL or registered agent, or both, in the State of Florida.	this ———
1. The name of t	the corporation: PT SMILE HOLD	DINGS, INC.	
2. The principal	office address: 1515 Sunset Driv	e Suite 32, Miami, FL 33143	
3. The mailing a	uddress (if different):		
4. Date of incorp	poration/qualification: 03/02/201	5 Document number: P15000019907	
	i street address of the current regi trnent of State: (If resigned, enter	stered agent and registered office on file with the resigned)	(~)
	CT CORPORATION SYSTEM		اون ب
	1200 SOUTH PINE ISLAND R	D	,
	PLANTATION, FL 33324		`
6. The name and (if changed):	_	red agent (if changed) and /or registered office	411 Hr 56
	Corporation Service Company 1201 Hays Street		
	1231110/3 011000	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
as changed will	be identical.	e street address of the business office of its registe adopted by its board of directors or by an officer s been notified in writing of the change.  Jeff Settembrino, Authorized Person	_
Signatu	T-LETILOTO IO re of an officer or director	Printed or typed name and little	
I further agree of my duties, and document is being corporation has	to comply with the provisions of	igent and agree to act in this capacity. all statutes relative to the proper and complete pe the obligation of my position as registered agent, ge in the registered office address, I hereby confir change.  09/25/2020	rformance Or, if this m that the
By: Mag	nature of Registered Agent		
_	chalf of an entity:	Dute	
Grace E. Kirby.	Asst. Vice President		
	yped 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 (04/13)