# P98000065563

Pompano Beach - Florida, August 20, 1998

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSE, FL – 32314

RE:

AMENDMENT OF ARTICLES

PROFIT CORPORATION:

SMILE BRAZIL, INC.

AK 25 PN 3: 1 TARY OF STATE TASSEE, FLORID

To Whom It May Concern:

We would like to inform you that we are now sending the Amendment of Articles of our Corporation. Also, we would like to ask you for a Certificate of Status, after the Amendments be registered. The fees are already included.

\*\*\*\*\*43.75 \*\*\*\*

icerning this matter,

If there is any other necessary information concerning this matter, please feel free to contact us.

Sincerely,

FATIMA MONICA SOUZA

President

SMILE BRAZIL, INC.

760 W Sample Road #5

Pompano Beach - FL - 33064

Phone: (954) 788-9070

Ancer 2. 3-29-99



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 6, 1998

SMILE BRAZIL, INC. FATIMA M. SOUZA 760 W. SAMPLE RD., #5 POMPANO BEACH, FL 33064

SUBJECT: SMILE BRAZIL, INC. Ref. Number: P98000065563

We have received your document for SMILE BRAZIL, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the only thing you are trying to do is change the registered agent for this corporation, you may want to just complete the change of agent form. If you wish to amend more than that I have enclosed the correct form.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 487-6903.

Cheryl Coulliette Document Specialist

Letter Number: 398A00054044

### ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

# SMILE BRAZIL, INC.

(present name)

Pursuant to the provisions of section 607.1006 Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of Amendment to its Articles of Incorporation:

The date of each Amendment's adoption is: August 20, 1998

Adoption of Amendment(s) was/were adopted

By the Director (s) without the shareholders action being required.

ARTICLE VI - Address:

The new address of the principal post office of this corporation shall be:

99 MAR 25 PM 3: 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

760 W Sample Road #5 Pompano Beach, FL – 33064

and the mailing address is:

760 W SAMPLE ROAD # 5
POMPANO BEACH FL 33064

ARTICLE VI - Registered Agent name & Office Address:



The name of the Registered Agent is the same:

## FATIMA MONICA DE SOUZA

and new address of Registered Office of this corporation is:

760 W Sample Road #5 Pompano Beach, FL – 33064

Signed this 20th day of August of 1998

FATIMA MONICA SOUZA

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is <b>SMILE BRAZIL</b> , <b>INC.</b>	
2. The name and addre	ess of the registered agent and office is:
	Fatima M. Souza
	(Name)
	President
	760 W.Sample RD # 5
(P.C	D. Box or Mail Drop Box NOT Acceptable)
	POMPANO BEACH, FL 33064
	(City and State and Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 08/20/98 (Date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314