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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JERRY T N	ICCLARAN DM	D PA
DOCUMENT NUM	D1200001269		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JERRY MCCLAR	RAN	
	JERRY T MCCLA	Name of Contact Person	1
		Firm/ Company	
	146 SW 50TH ST	TREET	
		Address	
	CAPE CORAL, F	L 33914	
		City/ State and Zip Code	e
For further information	E-mail address: Yo be us	amail . com sed for future annual report se call:	notification)
JERRY MCC	CLARAN	at (239	574 - 2700
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of

JERRY T MCCLARAN DMD	PA			
(Name of Corporation as curren	tly filed with the Flo	rida Dept. of State)		
P13000042686				
(Document Numb	er of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this FI	orida Profit Corporation ad	opts the following	g amendment(s) to
A. If amending name, enter the new name of t	he corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," of	Corp," "Inc," or "Co	". A professional corporal		
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	E BOX)			
D. If amending the registered agent and/or reg	gistered office addres	s in Florida, enter the nam	e of the	
new registered agent and/or the new register				
Name of New Registered Agent		· · · · ·		
	(Florida stree	address)		•
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered age	ent. I am familiar wit	h and accept the obligations	of the position.	
	411 5			
Signature	of New Registered Ag	, , ,		
		ω_{RH}	JA: 33SSAHA	1741 778
		: āič.;	LETTERY US. U.	

SSIB VICE IS BER 4: 30

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	NONA MCCLARAN	146 SW 50TH STREET
X Add			CAPE CORAL, FL 33914
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
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lf on amandmant analidas for an arrab	hanna madamifiantia an annahatian afiannahahana
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Any	68,2013	
Signature	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
selecte appoin	frector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	JERRY MCCLARAN	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)