466912

(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



200280059222

01/06/16--01011--025 **35.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

JAN 1 2 2016 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Thomas A Barket,	DDS, PA	
DOCUMENT NUMI	466012		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Deborah Jeffers		
		Name of Contact Person	1
		Firm/ Company	
	3965 Confederate Point Road	l 	
		Address	
	Jacksonville, Fl. 32210		
		City/ State and Zip Code	•
kirk@	barketdental.comcastbiz.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Deborah Jeffers		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

16 My Capparator

Thomas A Barket, DDS, PA

(<u>Name c</u>	of Corporation as currentl	y filed with the Florida Dept. of State)	
466912			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Kevin L Kirk, DMD, PA			The new
	ation "Corp," "Inc," or '	on," "company," or "incorporated" or the 'Co". A professional corporation name mu 'P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3965 Confederate Point Road	
		Jacksonville, Fl. 32210	
 C. Enter new mailing address, if applie (Mailing address MAY BE A POST) D. If amending the registered agent and address are supplied to the supplied	OFFICE BOX)	ress in Florida, enter the name of the	
new registered agent and/or the nev			
Name of New Registered Agent	Kevin L Kirk, DMD	·	
	3965 Confederate Point R	Load	
	(Florida st	reet address)	
New Registered Office Address:	Jacksonville	, Florida 32210	
New Registered Agent's Signature, if c		E7 /	Iip Code)
I hereby accept the appointment as regist		with and accept the obligations of the positio	n.
	Signature of New 1	Registered Agent, if changing	

Page 1 of 4

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.

<u>PT</u>	John Doe	
<u>V</u> <u>SV</u>	Mike Jones Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Р	Thomas A Barket, DDS	3965 Confederate Point Road
		Jacksonville, FI 32210
P	Kevin L Kirk, DMD	3965 Confederate Point Road
		Jacksonville, Fl. 32210
•		
	<u> </u>	
		_
	_	
	V SV Title P	V Mike Jones SV Sally Smith Title Name P Thomas A Barket, DDS

E. If amending or adding a (Attach additional sheets.)	additional Articles, enter change(s) here: i, if necessary). (Be specific)
Kevin L Kirk, DMD 100%	
Thomas A Barket, DDS	0% Shares
.,	•
provisions for impleme (if not applicable, i	·
Kevin L Kirk, DMD 100%	SHARES
Thomas A Barket, DDS 0%	% SHARES
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	January 1, 2016	
Effective date if applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nt
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	re adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Janua Dated Signature	ary 1, 2016	
(<u>I</u>	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other cour ppointed fiduciary by that fiduciary)	t
a	ppointed fiduciary by that fiduciary)	
	Kevin L Kirk, DMD	
	(Typed or printed name of person signing)	
	President	
	(Title of nerson signing)	

Page 4 of 4