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COR AMND/RESTATE/CORRECT OR O/D RESIGN OLDER & SLONIM, M.D.S, P.A.

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2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: OLDER & SLONIM, M.D.S, P.A. DOCUMENT NUMBER: 483568 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Harry P. Teichman, Esq. Name of Contact Person Older and Lundy Firm/ Company 1000 W Cass Street Address Tampa, FL 33606 City/ State and Zip Code hteichman@olalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 560-1854

Area Code & Daytime Telephone Number Harry P. Teichman, Esq. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □S43.75 Filing Fcc & [...]\$43.75 Filing Fcc & 535 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment	
to	
rticles of Incorporation	

of	• • •				
OLDER & SLONIM, M.D.S, P.A.					
(Name of Corporation as currently	y filed with the Florida Dept. of State)				
883568					
(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, this I statutes of Incorporation:	Floridu Profit Corporation adopts the following amendment(s				
. If amending name, enter the new name of the corporation:					
ay Justin Older, M. D., P. A.	The new				
ame must be distinguishable and contain the word "corporation," "c Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	company, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word				
3. Enter new principal office address, if applicable:	17004 Madres De Avila				
Principal office address MUST BE A STREET ADDRESS	Tampa, FL 33613				
Finter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17004 Madres De Avila				
	Tampa, FL 33613				
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: 	ess in Florida, enter the name of the				
Older and Lundy Name of New Registered Agent					
1000 N Cas					
(Florida stre	,				
New Registered Office Address:	. Florida 33606				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Example:

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.

X Change	<u>b.l.</u>	John De	<u>e</u>	
\underline{X} Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>5V</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3)Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5)Change		_		
Add				
Remove				
o) Change				
,, Add				
Remove				

f amending or adding additional Arti Anach additional sheets, if necessary).	(Re specific)
.,	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment If not contained in the amendment itself;
(if not applicable, indicate N/A)	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file de	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shar action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folio must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
. by	
Dated 9/24/2-20	
Signature (By a director, president or other officer—if directors or officers ha selected, by an incorporator—if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Rresident	
(Title of person signing)	