493323

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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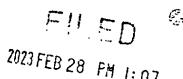
TO: Amendment Section Division of Corporations

• •

NAME OF CORPORATION: Harden	Harden DMD, PA		
DOCUMENT NUMBER: 493323			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Che	Tal Rainer Warne of Contact Person		
Harden +	Harden D.M.D., P.A. Firm/ Company		
3825 (Dakwater Circle		
3825 Oakwater Circle Address			
0	rlando, FL 32806 City/ State and Zip Code		
	City/ State and Zip Code		
	dentanily dertal comed for future annual report notification)		
For further information concerning this matter, pleas	e call:		
Cheryl Rainer	at (<u>407</u>) <u>826-5205</u> Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
☐ \$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2023 FEB 28 FM 1: 07		
(Name of Corporation as	s currently filed with the Florida Dept. of State)	
493.	323	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corpo	ration:	
Harden Family Den	ration, "Icompany," or "incorporated" or the abbreviation "Corp.,"	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviati	"Co". A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	3825 Oakwater Cir.	
(Principal office address <u>MUST BE A STREET ADDRES</u>	3825 Oakwater Cir. Orlando FL 32806	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office. 		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		
Signature	of New Registered Agent, if changing	

Check if applicable

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

Mach additional sheets, if necessary)	rticles, enter change(s) here: b. (Be specific)	
	-	
		-
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
<u> </u>		_

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 PT John Doe X. Remove V Mike Jones _X. Add SV Sally Smith Type of Action (Check One) Title Name Address 1) Change	
X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) Change	
Type of Action (Check One) Title Name Address 1) Change Add Remove	
(Check One) 1) Change Add Remove	
Add	
Remove	
7) (%)	
2) Change	
Add	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	
Remove	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	pted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sulface.	pted by the shareholders. The number of votes cast for the ficient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The folleach voting group entitled to vote separately on the amend	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 2/3	auditardon DMD	
Signature	auditardon DMD	
(By a di	rector, president or other officer – if directors or officers h	
	, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary)	, or other court
арропис	a nederary by that nederary)	
	DAVIO L. HARDEN D.M.D. (Typed or printed name of person signing)	,
-	(Typed or printed name of person signing)	
	POES , DENT (Title of person signing)	
-	(Title of person signing)	