558221

(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:

Corrected Name/Status: Add Titles for Officers & Add Date of Adoption. Per Lupe Staff on 15th

Office Use Only

DEC 15 2015
D CONNELL

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12/17/15--01001--003 **35.00

FILED
15 DEC 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend

DEC 15 2015
D CONNELL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2015

LUPE STAPLETON
LIGON & LIGON, D.D.S., P.A.
5201 CENTRAL AVE.
ST. PETERSBURG, FL 33710

SUBJECT: LIGON & LIGON, D.D.S., P.A.
Ref. Number: 558221

We have received your document for LIGON & LIGON, D.D.S., P.A., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $35.00.

The fee to file articles of amendment is $35. Certified copies are optional and are $8.75 for the first 8 pages of the document, and $1 for each additional page, not to exceed $52.50.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

PLEASE INCLUDE PAGE 3 OF 4 OF THE DOCUMENT IN YOUR FILING. ALSO, PLEASE CLARIFY WHO THE OFFICERS AND DIRECTORS OF THE CORPORATION ARE. PLEASE LIST EACH PERSON THAT IS BEING ADDED AND EACH PERSON THAT IS BEING REMOVED AND THE POSITION THEY ARE BEING REMOVED FROM AND THE POSITION THEY ARE BEING ADDED TO.

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) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 615A00024518

RECEIVED
15 DEC -9 AM 11:18

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ligon & Ligon, D.D.S., P.A.

DOCUMENT NUMBER: 558221

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lupe STAPleton
Name of Contact Person

Ligon & Ligon D.D.S. P.A.
Firm/ Company

5201 Central Ave
Address

St. Petersburg, Fl 33710
City/ State and Zip Code

Dr.Ligon@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lupe STAPleton at (727) 321-7880
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

LIGON & LIGON, D.D.S., P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

558221

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

15 DEC 15 PM 1:33

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Reginald Brian Ligon

3301 Central Ave
(Florida street address)

New Registered Office Address: St Petersburg, Florida 33710
(City) *(Zip Code)*

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.

R B L
Signature of New Registered Agent, if changing

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	PT	John Doe	
X Remove	V	Mike Jones	
X Add	SV	Sally Smith	

Type of Action (Check One)	Title	Name	Address
1) X Change	~~VSD~~ T	Merdee Bull Ligon Treasurer	5201 Central ave ~~St Petersburg FL~~ 33710
____ Add			
~~X~~ Remove			
2) X Change	~~PTD~~ VP	Reginald Ligon Vice President	5201 Central ave ~~St Petersburg FL~~ 33710
____ Add			
~~X~~ Remove			
3) ____ Change	P	Reginald Brian Ligon President	5201 Central ave ~~St Petersburg, FL~~ 33710
X Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(*if not applicable, indicate N/A*)

The date of each amendment(s) adoption: June 1, 2015, if other than the date this document was signed.

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06-01-15

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

R. Brian Ligon

(Typed or printed name of person signing)

President

(Title of person signing)