60 601

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, , , , , , , , , , , , , , , , , , ,

Office Use Only



100137558471

11/10/08--01008--006 **35.00

DIVISION OF CORPORATIONS

Amend/Mame (1a 12/12/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: <u>Claborn J.</u>	and Kermit Adkins, D.D).S., P.A.		
DOCUMENT NUM	ивек: <u>601661</u>				
The enclosed Articl	es of Amendment and fee a	re submitted for filing.			
Please return all cor	respondence concerning thi	s matter to the following:			
<u></u>		Alan E. Adkins of Contact Person)			
	Alan	E. Adkins, D.D.S., P.A.			
	(Firm/ Company)				
2227 East Olive Road (Address)					
For further information		sacola, FL 32514 tate and Zip Code) please call:			
Alan E. Adkins (Name	of Contact Person)	at (<u>850</u>) <u>476-48</u> (Area Code & Daytim	80 ne Telephone Number)		
Enclosed is a check	for the following amount n	nade payable to the Florida De	epartment 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 Ad Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Of Tallahassee, FL 32301			



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2008

ALAN E. ADKINS ALAN E. ADKINS, D.D.S., P.A. 2227 EAST OLIVE ROAD PENSACOLA, FL 32514

SUBJECT: CLABORN J AND KERMIT ADKINS D.D.S., P.A.

Ref. Number: 601661

We have received your document for CLABORN J AND KERMIT ADKINS D.D.S., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 508A00057281

SECRETARY OF STATE TALL AHASSEE, FLORIDA

2008 DEC 12 PM 8: 00

BECEIVED

Articles of Amendment

. A	rticles of Incorpo	oration	306
Claborn J. &	l Kermit Adkins	, D.D.S., P.A.	a
(Name of Corporation as cu	urrently filed with	the Florida Dept. of Sta	<u>te</u>)
	601661		
(Document)	Number of Corporat	tion (if known)	
rsuant to the provisions of section 607. lowing amendment(s) to its Articles of In		ites, this Florida Profit	Corporation adopt
If amending name, enter the new nam	e of the corporation	on:	
an E. Adkins, D.D.S., P.A.		•	<u>.</u>
e new name must be distinguishable ncorporated" or the abbreviation "Corp To". A professional corporation n sociation," or the abbreviation "P.A."	o.," "Inc.," or Co	.," or the designation "	Corp," "Inc," or
Enter new principal office address, if	applicable:	2227 East Olive Road	
incipal office address <u>MUST BE A STR</u>	REET ADDRESS)	Pensacola, FL 32514	
		Felisacola, FL 32314	
			•
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		2227 East Olive Road	
		Pensacola, FL 32514	
If amending the registered agent and/new registered agent and/or the new r			er the name of the
Nous of New Projection of America	Alan E. Adkins		
Name of New Registered Agent:			_
<u>Name of New Registerea Agent:</u>	2227 East Olive	e Road	_
Name of New Registerea Agent: New Registered Office Address:	2227 East Olive	e Road ida street address)	_
	2227 East Olive		_, Florida <u>32514</u> (Zip Code)

position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres.	Alan E. Adkins	2227 East Olive Road	☑ Add
		Pensacola FL 32514	Remove
Std.	Claborn J. Adkins	2227 East Olive Road	□ Add
		Pensacola, FL 32514	Remove
VP	Kermit Adkins	2227 East Olive Road	Add
		Pensacola, FL 32514	Remove
E. <u>If amen</u>	ding or adding additional Articles	, enter change(s) here:	
	additional sheets, if necessary). (Be		nit Adkina DDS BA
The name	of the Professional Association shall	be changed from Claborn J. and Kerr	mit Adkins, D.D.S., F.A
to Alan E.	Adkins, D.D.S., P.A. effective Decem	nber 1, 2008.	
		· · · · · · · · · · · · · · · · · · ·	
F. Ifana	mendment provides for an exchan	ge, reclassification, or cancellation o	of issued shares,
provisi	ions for implementing the amendm	ent if not contained in the amendm	
(if i	not applicable, indicate N/A)		
N/A			
			

Th	ie date of each amendmen	t(s) adoption:	Decemberate 200	% × !	November	1,_	2008
Efi	fective date <u>if applicable</u> :	December 1,	2008	•			
		(no more tha	n 90 days after am	endmei	nt file date)		
Ad	loption of Amendment(s)	Œ	CHECK ONE)				
Ż	The amendment(s) was/we by the shareholders was/w			The nur	mber of votes	cast fo	or the amendment(s)
	The amendment(s) was/we must be separately provide						
	"The number of votes	cast for the an	endment(s) was/w	ere suf	ficient for ap	proval	
	by				 ."		
		(voting group)				
	The amendment(s) was/we action was not required.	ere adopted by	the board of directo	ors with	hout sharehol	der acti	on and shareholder
	The amendment(s) was/wo action was not required.	ere adopted by	the incorporators w	vithout	shareholder a	ection a	nd shareholder
	Dated	11/6/	08	_	·		
	sele	ected, by an inc	esident or other officerporator – if in the	ne hand			
			Alan	E. Adki	ins		
		(Typed or printed na	ame of	person signin	ıg)	
			*** * *	residen			
			(Title of perso	on sign	ing)		