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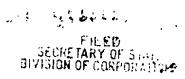
Division of Corporations Central District Dental Association NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marlinda Fulton Name of Contact Person Central District Dental Association Firm/ Company 800 N. Mills Ave Address Orlando, FL 32803 City/ State and Zip Code raldistrict denthe Quico Lom
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marlinda Fulton Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **≥**\$43.75 Filing Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

ES CE NA PAR ES

Central District Dental Association		
(Name of Corporation	on as currently filed with the Florida Dep	ot. of State)
711747		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation a	dopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:	
Central Florida District Dental Association, INC.		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	o," "Inc," or "Co". A professional corpor	ooraled" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)	
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the na office address:	me of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligatio	ons of the position.
Sin	nature 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.

X Change	PI	John Do	<u>)e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	<u>-</u>	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

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)		lditional Articles, enter f necessary). (Be speci	fic)		
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The date of each amendment(s) ado	ption:, 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 blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK QNE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	"
· · · · · · · · · · · · · · · · · · ·	(voting group)
The amendment(s) was/were adoption was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder
May 9, 2018	B Commence of the Commence of
Dated	
C'i satura	
Signature	rector, president or other officer - in firectors or officers have not been
selected	, by an incorporator - if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	Sundeep Rawai
	(Typed or printed name of person signing)
	Treasurer
•	(Title of person signing)