

5/6/2016 10:25:00 AM From:
Division of Corporations

F4000002519

Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

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2015 MAY -6 AM 10:30

TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
DENTAL HEALTH & WELLNESS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	08 65
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. CARROTHERS

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5/6/2016 10:25:00 AM From: To: 8506178383(2/5)
850-617-6381 5/6/2016 8:53:12 AM PAGE 1/001 Fax Server



May 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DENTAL HEALTH & WELLNESS, INC.
7700 FORSYTH BLVD.
ST. LOUIS, MO 63105

SUBJECT: DENTAL HEALTH & WELLNESS, INC.
REF: F14000002814

RE-SUBMIT

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

MUST HAVE ATTACHED A CERTIFICATE OR DOCUMENT OF SIMILAR IMPORT, EVIDENCING THE AMENDMENT,

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.

Cathy A Carrothers
Regulatory Specialist

FAX Aud. #: H16000112792
Letter Number: 516A00009494

5/6/2016 10:25:00 AM From: To: 8506176383(3/5)

COVER LETTER**TO:** Amendment Section
Division of Corporations**SUBJECT:** Dental Health & Wellness, Inc.
Name of Corporation**DOCUMENT NUMBER:** F14000002814

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Morrison

Name of Contact Person

Armstrong Teasdale, LLP

Firm/Company

7700 Forsyth Blvd., Suite 1800

Address

Saint Louis, MO 63129

City/State and Zip Code

cmorrison@armstrongteasdale.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Morrison

Name of Contact Person

at (314) 259-4749
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$35.00 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**FILED**
16 MAY -5 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FL 32301

5/6/2016 10:25:00 AM From: To: 8506176383(4/5)

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)


F14000002814

(Document number of corporation (if known))

1. Dental Health & Wellness, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware
(Incorporated under laws of)
3. 06/26/2014
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 04/29/2016
5. Envolve Dental, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
N/A
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Tricia Dinkelmann

(Typed or printed name of person signing)

Vice President of Tax

(Title of person signing)

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16 MAY -6 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/6/2016 10:25:00 AM From: To: 8506176383(5/5)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DENTAL HEALTH &
WELLNESS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "ENVOLVE DENTAL, INC." ON THE TWENTY-NINTH DAY OF APRIL,
A.D. 2016, AT 6:11 O'CLOCK P.M.



5333360 8920
SR# 20162822429

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202258824
Date: 05-04-16