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2021 JAN -4 AMII: OH

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: J. Wayne DeLucia	, D.D.S., P.A.	
DOCUMENT NUM			
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Michael W. DeLucia, D.M.D).	
		Name of Contact Person	
	J. Wayne DeLucia, D.D.S., P	⁹ .A.	
	·	Firm/ Company	_
	2204 Rogero Rd.	, ,	
		Address	
	Jacksonville, FL 32211		
		City/ State and Zip Code	
	on concerning this matter, plea		
Michael W. DeLucia, D.M.D.		at (_)
Name	of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	S43.75 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		Amendi Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 JAN -4 AM II: 04

J. Wayne DeLucia, D.D.S. P.A.		SECRETARY OF STATE	
(Name)	of Corporation as curren	tly filed with the Florida Dent. af State STE, FL	
F86998			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
		Thenew	
	Corp, " "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."	
B. Enter new principal office address,	if applicable:	Michael W. DeLucia, D.M.D.	
(Principal office address <u>MUST BE A S</u>		2204 Rogero Rd.	
		Jacksonville, FL 32211	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Michael W. Del.ucia, D.M.D.	
		2204 Rogero Rd.	
		Jacksonville, FL 32211	
D. If amending the registered agent at new registered agent and/or the ne		dress in Florida, enter the name of the	
Name of New Registered Agent	Michael W. Del ucia, D.M.D.		
Nume of New Registered Agent	2204 Rogero Rd.		
	· · · · · · · · · · · · · · · · · · ·	street address)	
New Registered Office Address:	Jacksonville	. Florida 32211	
		(City) (Zip Code)	
New Registered Agent's Signature, if of I hereby accept the appointment as regis		nt: r with and accept the obligations of the position.	
<i>_</i>	Mahry 2 grand Name	Registered Agent, if changing	
Check if applicable	Signature of New	regimered Agem. If enunging	

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

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)

Example:

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	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	PVS	Michael W. DeLucia, D.M.D.	2204 Rogero Rd.		
X Add			Jacksonville, FL 32211		
Remove					
2) Change	T	Theresa W. DeLucia	2204 Rogero Rd.		
X Add			Jacksonville, FL 32211		
Remove 3) Change	Р	J. Wayne DeLucia	4449 Harbour North Ct.		
Add			Jacksonville, FL 32225		
X Remove					
1), Change			•		
Add					
Remove					
Change					
Add					
Remove					
Change					
Add					
Remove					

	additional sheets, if nec	essary). (Be specific	;)		
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<u>fan ar</u>	mendment provides for	ran exchange, reclas	sification, or cance	lation of issued shar	es,
<u>provis</u> (ii	ions for implementing I not applicable, indicate	the amendment if no $\frac{\lambda}{\lambda}$	t contained in the	amendment itself:	
(;)	nn approune, mareme	WA)			
<u> </u>				· · · · · · · · · · · · · · · · · · ·	
				·	
					<u>- 17-17-</u>
					
					
					
			 		

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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	harcholder
■ 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)	
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)	-
J. Wayne DeLucia, D.D.S.	
(Typed or printed name of person signing)	
President	

(Title of person signing)