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Amend

NOV 1 3 2018

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: MICHAEL T. CO	BBE, DDS, P.A.	
DOCUMENT NUMBE	R:		
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.	
Please return all correspondence	ondence concerning this ma	tter to the following:	
J	EFFREY GALVAN, ESQ.		
_	<u></u>	Name of Contact Persor	1
	GALVAN MESSICK, PLLC		
-	——————————————————————————————————————		
_		Firm/ Company	
9	51 YAMATO ROAD, SUI		
		Address	
B	OCA RATON, FLORIDA	33431	
_		City/ State and Zip Cod	e
JGALV	'AN@GALVANMESSICK	COM	
	•	sed for future annual report	notification)
For further information of JONATHAN LEVINE,	concerning this matter, please	se call:at (	994-5956
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number
	he following amount made		,
S35 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MICHAEL T. COBBE, DDS, P.A.

/Name of C	5 .1	of filed solah Alex Plendide Dona of Passer
(Name of C	<u>corporation as currently</u>	y filed with the Florida Dept. of State)
08649		
	(Document Number of	*Corporation (if known)
rsuant to the provisions of section 607.100 Articles of Incorporation:	06, Florida Statutes, this <i>I</i>	Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name	e of the corporation:	
A		The new
	on "Corp." "Inc." or "C	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
		N/A
Enter new principal office address, if a incipal office address <u>MUST BE A STR</u>		
	,	
		20
Enter new mailing address, if applicat		N/A 2018 T
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
		· · · · · · · · · · · · · · · · · · ·
		ett,
·		ess in Florida, enter the name of the
If amending the registered agent and/onew registered agent and/on the new registered agent and/one the new registered agent		ess in Florida, enter the name of the
new registered agent and/or the new re		ess in Florida, enter the name of the
new registered agent and/or the new re	egistered office address:	ess in Florida, enter the name of the
new registered agent and/or the new re	egistered office address: /A	ess in Florida, enter the name of the
new registered agent and/or the new registered agent N. Name of New Registered Agent	egistered office address: /A (Florida stre	ess in Florida, enter the name of the
N.	egistered office address: /A (Florida stra	ess in Florida, enter the name of the

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	<u>PT</u>	John Do	<u>c</u>	
X Remove	V	Mike Joi	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		FARAH POUSTCHI-AMIN	2707 TAMPA ROAD
Add		_		PALM HARBOR, FL 34684
X Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				,
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

· · · · · · · · · · · · · · · · · · ·	
ation, or cancellation of issued shar	es.
ontained in the amendment itself:	<u> </u>

• • • • • •	JANUARY 17, 2018	
The date of each amendment(s) date this document was signed.	) adoption:, if other	er than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be list. Department of State's records.	ited as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	01/17/18	
Signature	Mujort Cobbe SOS	
(By	a director, president or other officer - if directors or officers have not been	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
,,,	Michael T. Cobbe, D.D.S.	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	-