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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Bruce R Duellette DDS PA					
DOCUMENT NUMBER: 758229					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Bruce R Duellette DDS PA Firm/ Company J431 S. Dixie Hywy Address Wast Valm Beach, FL 33401 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Danette Oue/lette at (56/) 833-2/34 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Bruce R. Ouellette D.D.S.	P,A.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
Bruce R. Ovellette DDS PA				
(130cument Number of Corporation	n (n known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Proj</i> its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	fit Corporation adopts the following amendment(s) to			
	The new			
name must be distinguishable and contain the word "corporation," "compa" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A proword "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	्रा के ना			
NJA				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13 33 13 33			
NA -	<u> </u>			
D. If amending the registered agent and/or registered office address in Flori new registered agent and/or the new registered office address:	da, enter the name of the			
Name of New Registered Agent	WA			
(Florida street address)				
New Registered Office Address:	, Florida			
(City)	(Zip Code)			
	1/1			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and acc	and the obligations of the position			
т петему асмері іне примінітені аз техняется ихені. Тат јатишт with ana асс	ері іне отихийськ од іне розійон.			
Signature of New Registered A	pent 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1)Change	DCFO Danette Ouellette	
<u></u> ✓Add		West Palm Beach, FL 3340
Remove		
2) Change		
Add		
Remove	/ Y	
3) Change	· ·	
Add		
Remove		
4) Change		
Add		
Remove		
5)Change		
Add		
Remove		
6)Change		· ————————————————————————————————————
Add		
Remove		

. If amending or adding additional Articles, enter change(s) here:	' N
(Attach additional sheets, if necessary). (Be specific)	\mathcal{H}
	·
	.
	. <u>.</u> .
If an amendment provides for an exchange, reclassification, or cancellation	a of icensor charge t
provisions for implementing the amendment if not contained in the amend	Iment itself:
(if not applicable, indicate N/A)	NIT
	"
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	2-1-18	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	2-1-18	
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory fif State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		s cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amo	endment(s) was/were sufficient for a	pproval
by	oting group)	
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareho	lder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder	action and shareholder
Dated <u>3 - / - / a</u> Signature <u>Suu</u>	So let wa	5
(By a director, pre	sident or other officer - if directors	
	orporator – if in the hands of a rece y by that fiduciary)	iver, trustee, or other court
ſ	Bruce R Dup, (Typed or printed name of person s	Hette DDS
	(Typed or printed name of person s	igning)
/	resident	
	(Title of person signing	1)