(F	Requestor's Name)			
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cypress Point Den	tistry PA		
DOCUMENT NUM	BER: K07897			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Mia Smith			
	Name of Contact Person			
Cypress Point Dentistry PA				
	Firm/ Company			
	105 Cypress Point Parkway S	Suite A		
	-	Address	<u> </u>	
	Palm Coast, FL 32164			
		City/ State and Zip Code	<u> </u>	
	miadental123@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
	on concerning this matter, pleas		A45 (199	
Mia Smith		at (de & Daytime Telephone Number	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address pendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303	

Articles of Amendment to

Articles of Incorporation

Cypress Point Dentistry PA (Name of Corporation as currently filed with the Florida Dept. of State) K07897 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ 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)

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 Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	TANNER MCKINLEY	105 CYPRESS POINT PARKWA
x Add			SUITE A
Remove			PALM COAST, FL 32164
2) Change			_
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			-
Add			
Remove			

(2.1140	ch additional sheets, if necessary). (Be specific)
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r lea	amondment avouides for an exphange realization or consultation of igneed shapes
r. <u>11 ai</u> pri	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(if not applicable, indicate N/A)
	$\lambda \setminus \lambda$
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	/
	<u> </u>

the date of each amendment(s) as	aohtion:	, ii omei man n
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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	ı and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	et.
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	8/2/22	
Signature (By a d	rector) president or other officer – if directors or officers have not been	<u></u>
selecto	d, by adjincorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	SHAWN P. MAGEE (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	