## L93897

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	ATION: ROYAL PALM DI	ENTAL ASSOCIATES, P.	A
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
ļ	Jonathan Levine, Esq.		
-	<u> </u>	Name of Contact Persor	1
(	Galvan Messick, PLLC		
-	<u> </u>	Firm/ Company	-
•	951 Yamato Road, Suite 250		
_		Address	
j	Boca Raton, Florida 33431		
-		City/ State and Zip Code	e
igalya	n@galvanmessick.com		
30	~ ~	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jonathan Levine		at (	994-5956 _) de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
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Ame	ing Address ndment Section sion of Corporations	Amend	Address  Iment Section on of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ROYAL PALM DENTAL ASSOCIATES, P.A.

( <u>Name o</u>	f Corporation as curren	tly filed with the Florida De	ept. of State)
L93897			
	(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 amend
A. If amending name, enter the new na	me of the corporation:		
N/A			774
name must be distinguishable and com	at a substitution of the state	Lan " " Campagana " or "imaga	The n
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	poration name must contain
word chartered, projessional associa		N/A	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	IKEET ADDKESS )		
			7201
C. Enter new mailing address, if appli	cable:	N/A	
(Mailing address MAY BE A POST)			
			<del></del>
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the r	name of the
new registered agent and/or the new	v registered office addre	ess:	
Name of New Registered Agent	DR. IVO MORAGUEZ		
Name of New Registered Algeria	11358 OKEECHOBEE	ROAD, SUITE I	
	<u></u>	street address)	
	ROYAL PALM BEACH	•	33411
New Registered Office Address:		(City)	, Florida
		10.197	( <b>24</b> ) <b>3 3 3 3</b>
New Registered Agent's Signature, if c	hanaina Rouistored Age	nt·	
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligat	ions of the position.
	۸ ۱		
	1/ ///		
	AMARI		
	Signature of New	e Registered Agent, if changir	ng

P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	lirector tite Presiden Chief Per, Direct d in the for	e by the first letter of the office; T= Treasurer; S= Secretary; Financial Officer. If an officer or would be PTD. Howing manner. Currently Joh orporation, Sally Smith is nam	; D= Director: TR= Ti r/director holds more t Im Doe is listed as the i	rustee; C = Chairman or Clerk; CEC than one title, list the first letter of ed PST and Mike Jones is listed as the V should be noted as John Doe, PT as a	
Example: 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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	DP	DAVID GOLDBEI	₹G	11670 N BLACKWOODS LANE	_
Add				WEST PALM BEACH, FL 33412	
X Remove					_
2) X Change	Р	IVO MORAGUEZ		565 NO. COUNTRY CLUB DRIV	/)
				ATLANTIS, FL 33462	_
Add					_
Remove					_
3) Change			<del></del>		_
Add					_
Remove					_
4) Change					_
Add					_
Remove					_
-					
5) Change			<del></del>		_
Add					_
Remove					_
6) Change					_
Add					_
Remove					_
		Paga	2 of 4		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nar

address of each Officer and/or Director being added:

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<del>  </del> -
	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N/A	
	-

	SEPTEMBER 26, 2019	
	adoption:	, if other
late this document was signed.		ļ
SI 	EPTEMBER 26, 2019	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be liste
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
SEPTEN	4BER 26, 2019	
Dated	AMA	
(By a	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 binted fiduciary by that fiduciary)	
	IVO MORAGUEZ	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	