

N020000000657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

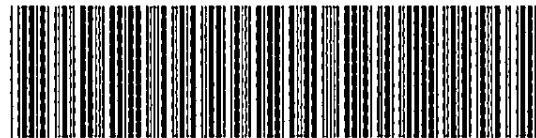
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2019

KIM RAYMOND  
210 7TH AVE N  
ST PETERSBURG, FL 33701

SUBJECT: MANATEE-SARASOTA DENTAL HYGIENISTS' ASSOCIATION,  
INC.  
Ref. Number: N02000000657

We have received your document for MANATEE-SARASOTA DENTAL  
HYGIENISTS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However,  
the enclosed document has not been filed and is being returned for the following  
correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 919A00001773

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2019 FEB 14 4:01 PM  
64:01 PM 4-01 PM 2019

Articles of Amendment  
to  
Articles of Incorporation  
of

Manatee-Sarasota Dental Hygienists' Association, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N02000000657

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

West Coast Dental Hygienists' Association, Inc

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

7780 49th Street N #415

Pinellas Park, FL 33781

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

7780 49th Street N #415

Pinellas Park, FL 33781

**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: Kim Raymond

210 7th Ave N

(Florida street address)

New Registered Office Address:

St Petersburg

Florida 33701

(City)

(Zip Code)

**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*

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Giles, Jennifer</u>	<u>2833 19th St W</u>
<input type="checkbox"/> Add			<u>Bradenton, FL 34205</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Deckinga, Erin</u>	<u>4720 Charles Partin Dr</u>
<input type="checkbox"/> Add			<u>Parrish, FL 34219</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>McBride, Andrea</u>	<u>9110 64th Ct E</u>
<input type="checkbox"/> Add			<u>Parrish, FL 34219</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>Tolisano, Hilary</u>	<u>7780 49th St N #415</u>
<input checked="" type="checkbox"/> Add			<u>Pinellas Park, FL 33781</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VP</u>	<u>Miller, Chante</u>	<u>7780 49th St N #415</u>
<input checked="" type="checkbox"/> Add			<u>Pinellas Park, FL 33781</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>T</u>	<u>Zelenak, Aly</u>	<u>7780 49th St N #415</u>
<input checked="" type="checkbox"/> Add			<u>Pinellas Park, FL 33781</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

N/A

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The date of each amendment(s) adoption: 1/1/2019, if other than the date this document was signed.

Effective date if applicable: 1/1/2019  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1/1/2019

Signature Hilary Tolisano  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Hilary Tolisano

(Typed or printed name of person signing)

President

(Title of person signing)

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