

N0700000 8682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

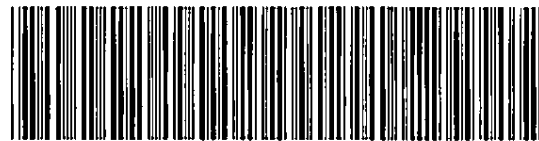
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STATE OF FLORIDA  
TALLAHASSEE

2022 SEP 12 AM 11:11

RT 22007P

2022 SEP 14 PM 2:48

9/15/2022

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 9/12 DANNY

**CERTIFIED COPY**

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**INC AMEND**

1. **FLORIDA ACADEMY OF DENTISTRY, INC.**

(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

REC'D  
2022 SEP 12 AM 11:04  
TALLAHASSEE, FLORIDA

**SPECIAL  
INSTRUCTIONS:**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Academy of Cosmetic Dentistry, Inc.

DOCUMENT NUMBER: N07000008682

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jared Ford, DDS

\_\_\_\_\_  
(Name of Contact Person)

Florida Academy of Cosmetic Dentistry, Inc.

\_\_\_\_\_  
(Firm/ Company)

7630 Cambridge Manor Place

\_\_\_\_\_  
(Address)

Fort Myers, Florida 33907

\_\_\_\_\_  
(City/ State and Zip Code)

jaredtf9@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jared Ford, DDS

239

936-5252

at

\_\_\_\_\_  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2022

CORPORATE ACCESS, INC.

*Corrected*

SUBJECT: FLORIDA ACADEMY OF COSMETIC DENTISTRY, INC.  
Ref. Number: N07000008682

We have received your document for FLORIDA ACADEMY OF COSMETIC DENTISTRY, 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 722A00020324

2022 SEP 14 PM 12:35  
ALLAHASSEE, FL  
REGISTRY

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida Academy of Cosmetic Dentistry, Inc.

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

2022 SEP 14 PM 2:48

N07000008682

(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:

*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)

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: Jarēd Ford, DDS

7630 Cambridge Manor Place

(Florida street address)

New Registered Office Address:

Fort Myers

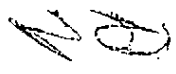
(City)

Florida 33907

(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

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- ☐ 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 06/07/2022

Signature

(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)

Jared Ford, DDS

(Typed or printed name of person signing)

President

(Title of person signing)