## N07000008L82

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	.,

Office Use Only

1169-701



600394211486

09/12/22--01014--004 \*\*35.00

RF VERVET

2022 SEP | 4 | P) | 2:

9/15/2022

### CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

1.

2.

3.

5.

6.

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**  $\mathbf{X}\mathbf{X}$ **PHOTOCOPY CUS**  $\mathbf{X}\mathbf{X}$ FILING INC AMEND FLORIDA ACADEMY OF DENTISTRY, INC. (CORPORATE NAME AND DOCUMENT #) つり (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:** 

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Florida Acad NAME OF CORPORATION:	emy of Cosmetic Dentist	ry, Inc.	·
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following	g:	
Jared Ford, DDS			
	(Name of Contac	et Person)	
Florida Academy of Cosmetic Dentistry, Inc.			
	(Firm/ Comp	pany)	
7630 Cambridge Manor Place			
	(Address	5)	
Fort Myers, Florida 33907			
	(City/ State and 2	Zip Code)	
jaredtf9@gmail.com			
E-mail address: (to	be used for future annua	report notification	on)
For further information concerning this matter	, please call:		
Jared Ford, DDS		239 at	936-5252
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount i	made payable to the Flori	ida Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of \$		P Certi py is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations S, INC.

September 13, 2022

CORPORATE ACCESS, INC.

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

#### Articles of Amendment to Articles of Incorporation of

Profida Academy of Cosmetic Dentistry, Inc.		2022 SEP 14 FM 2:
(Name of Corporation as currently filed with the	ne Florida Dept. of State)	The state of the s
N07000008682		·
(Docu	ment Number of Corporation (if kn	iown)
Pursuant to the provisions of section 617.1006, Flormendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	ne corporation:	
		The new
name must be distinguishable and contain the wor 'Company" or "Co." may not be used in the nam		" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
	<del></del>	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
·		
. If amending the registered agent and/or reg		enter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent:	Jared Ford, DDS	
	7630 Cambridge Manor Place	
	(Flo	orida street address)
New Registered Office Address	;	
	Fort Myers	, Florida 33907
	(Eity)	(Zip Code)
av Dogistared Agent's Signature if skeeping	Dogistored Agent:	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered agen	<u>Registered Agent:</u> nt. I am familiar with and accept i	the obligations of the position.
	13	<b>3</b> , , ,
-	Signature of New Registe	ered 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 us a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	,		
X Change X Remove X Add	PT         John D           V         Mike John D           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	ED	Kamper, Lisa	400 Capital Circle SE Suite 18270
× Remove			Tallahassee, FL 32301
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption:date this document was signed.	ti other than the
The date of each amendment(c) adoption:	16 at a 1
· · · · · · · · · · · · · · · · · · ·	
<del>-</del> ·	

: 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.

Dated	06/07/2022
Dated	The state of the s
Signatu	re
	(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
	Jared Ford, DDS  (Typed or printed name of person signing)