

N10000009126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

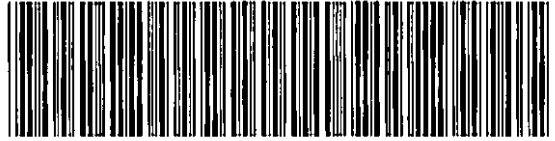
(Business Entity Name)

(Document Number)

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FILED

2018 SEP -5 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FL

Nc  
Amcl

R. WHITE  
SEP 05 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2018

ROSA MORENO  
1014 SALMON ISLE  
WEST PALM BEACH, FL 33413

SUBJECT: PALM BEACH COUNTY DENTAL HYGIENE ASSOCIATION, INC.  
Ref. Number: N10000009126

We have received your document for PALM BEACH COUNTY DENTAL HYGIENE ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 318A00018183

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PALM BEACH COUNTY DENTAL HYGIENE ASSOCIATION, INC.

DOCUMENT NUMBER: N10000009126

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

Please return all correspondence concerning this matter to the following:

ROSA MORENO

(Name of Contact Person)

N/A

(Firm/ Company)

1014 SALMON ISLE

(Address)

WEST PALM BEACH, FLORIDA 33413

(City/ State and Zip Code)

rosa411@bellsouth.net

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

For further information concerning this matter, please call:

Cheryl Hoaglund

561

674-2066

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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

**2018 SEP -5 PM 1:16**

PALM BEACH COUNTY DENTAL HYGIENE ASSOCIATION, INC.

SECRETARY OF STATE

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

N10000009126

(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:**

ATLANTIC 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:**

1014 SALMON ISLE

(Principal office address **MUST BE A STREET ADDRESS**) WEST PALM BEACH, FL 33413

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

1014 SALMON ISLE

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

WEST PALM BEACH, FL 33413

**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:

MORENO, ROSA

1014 SALMON ISLE

(Florida street address)

New Registered Office Address:

WEST PALM BEACH

Florida 33413

(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.

*Rosa Moreno*

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>DAVIS, CINDY</u>	<u>326 JUPITER LAKES BLVD</u>
<input type="checkbox"/> Add			<u>#2308c</u>
<input checked="" type="checkbox"/> Remove			<u>JUPITER, FL 33458</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>RUTLEDGE, AMANDA</u>	<u>3421 SONNET RD</u>
<input checked="" type="checkbox"/> Add			<u>SEBRING, FL 33870</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>LIEBMAN, JOANNE</u>	<u>7748 NEMEC DR. SOUTH</u>
<input type="checkbox"/> Add			<u>LAKE CLARKE SHORES, FL 33</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>GRAUER, TARAH</u>	<u>215 N W FLAGLER AVE # 308</u>
<input checked="" type="checkbox"/> Add			<u>STUART, FL 34994</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>Asst Tre</u>	<u>FILASKI, KIRA</u>	<u>737 SAVANNAH LAKES DR</u>
<input type="checkbox"/> Add			<u>BOYNTON BEACH, FL 33436</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>Asst. Tr</u>	<u>RYAN, MICHELLE</u>	<u>902 SW 27TH WAY</u>
<input checked="" type="checkbox"/> Add			<u>BOYNTON BEACH, FL 33435</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

August 21, 2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the 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 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 August 21, 2018 \_\_\_\_\_

Signature Rosa Moreno  
(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)

Rosa Moreno  
\_\_\_\_\_  
(Typed or printed name of person signing)

Registered Agent  
\_\_\_\_\_  
(Title of person signing)