

N 20727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

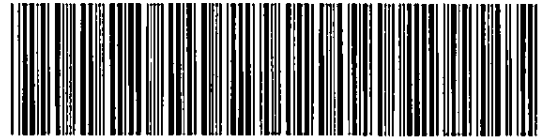
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17 NOV 20 PM 2:01
CLERK OF SUPERIOR COURT
JANESVILLE, WI

Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Polk County Dental Association, Inc.

DOCUMENT NUMBER: N20727

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

Please return all correspondence concerning this matter to the following:

Dr. Henry Acosta

(Name of Contact Person)

N/A

(Firm/ Company)

2016 US Hwy 92 W

(Address)

Auburndale, FL 33823

(City/ State and Zip Code)

Acosta4003@yahoo.com

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

For further information concerning this matter, please call:

Dr. Henry Acosta

(Name of Contact Person)

at 863-662-9973

(Area Code) (Daytime Telephone Number)

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

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

N20727 Folk County Dental Association, Inc.
(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)

2016 US Hwy 92 W
Auburn, FL 33823

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2016 US Hwy 92 W
Auburn, FL 33823

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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

N/A

(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.

N/A

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change VP Dr. David Kirkpatrick 2150 Harden Blvd
☐ Add Lakeland, FL 33803
☒ Remove

2) ☒ Change VP Dr. Matthew M. Agnini 1805 Lakeland Hills Blvd
☒ Add * Agnini changed from Lakeland, FL 33805
☐ Remove Treasurer to VP *

3) ☒ Change T Dr. Henry Acosta 2010 US Hwy 92 W
☒ Add Altamonte, FL
☐ Remove 33823

4) ☐ Change S Dr. Max Forni 701 FL-60
☒ Add Lake Wales, FL
☐ Remove 33853

5) ☐ Change _____
☐ Add _____
☐ Remove _____

6) ☐ Change _____
☐ Add _____
☐ Remove _____

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

N/A

The date of each amendment(s) adoption: April 1, 2017, if other than the date this document was signed.

Effective date if applicable: April 1, 2017
(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 11/15/17

Signature [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)

Dr. Henry Acosta
(Typed or printed name of person signing)

Treasurer
(Title of person signing)