## 00024612

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2021 JUN 30 AM 8: 04

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

NAME OF CORPORATION: PHILLIP R. FORBES, D.D.S., P.A. DOCUMENT NUMBER: P00000024612 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BARB MCBRIDE Name of Contact Person SOUTH BEACH TAX & FINANCIAL SERVICES Firm/ Company 1692 PENMAN ROAD Address JACKSONVILLE BEACH, FL 32250 City/ State and Zip Code DanforbesØ1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904 ) 241-2533

Area Code & Daytime Telephone Number BARB MCBRIDE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

PHILLIP R. FORBES, D.D.S., P.A.	2021 JUN 30 AM 8: 04
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P00000024612	SEGRETAR : OF STATE TALLAHASSEE, FL
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
DANIEL L. FORBES, D.M.D., P.A.	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address; new registered agent and/or the new registered office address;	ess in Florida, enter the name of the
Name of New Registered Agent DANIFI. L. FORBES	
205 OGLETHORPE BLVI	).
(Florida stre	
New Registered Office Address: ST. AUGUSTINE	
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent;	
hereby accept the appointment as registered agent. I am familiar w	un ana accept the obligations of the position.
Del De	1
Signature of New Reg	gistered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

X Change	PT	John Doe	
X Remove	У	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	DPST	PHILLIP R. FORBES	49 VALENCIA ST.
Add			ST. AUGUSTINE, FL 32084
X Remove			
2) X Change	DPST	DANIEL L. FORBES	205 OGLETHORPE BLVD.
Add			ST. AUGUSTINE, FL 32080
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Кеточе			
6) Change			
Add			
Remove			

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		classification, or cancell-	ation of issued shares,	
an amendment p	ovides for an exchange, rec		mendment itself:	
provisions for imp	lementing the amendment i	f not contained in the a		
rovisions for imp	rovides for an exchange, rec lementing the amendment i le, indicate N/A)	if not contained in the a		
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if not applical	lementing the amendment   le, indicate N/A)			

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The date of each amendment(s) adoption: JUNE 15, 2021	, if other than the
date this document was signed.	
Effective date if applicable: JUNE 15, 2021	
(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, if document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholds action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)	talement :
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated JUNE 15, 2021	
Signature Indiana	
(By a director, president or other officer - if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	r court
DANIEL FORBES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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