P0100010 1229

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



800241173788

10/29/12--01043--024 **35.00

Amend

12 NOV 27 AH II: 02

100 2 9 2012 T. ROBERTS

COVER LETTER

	rations		
NAME OF CORPOR	ATION: Confide	ent care a	& Florida, Corp
DOCUMENT NUMBI	ER: PO 10001	01229	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	IRin	PAVIOUA Name of Contact Person	
_	Confident	care of Flo	rida, Corp
	_	Firm/ Company	
_	1717 East	Hallen dele	ride, Corp Bch. Blud.
	Halla	Address C1	22006
_	TIGHTEN	dele FL City/ State and Zip Code	55009
			•
IPA	AVLOVA ECONFIE	DENTCA LE COLF sed for future annual report n	2 . CO M
	E-mail address: (to be u	sed for future annual report n	ouncation)
For firsther information			
For further information	concerning this matter, plea-	se call:	
	•		\ 454- 2999
	•) <u>454- & 999</u> e & Daytime Telephone Number
Iring P	A VIO VA f Contact Person	at (954 Area Cod	
Name of Enclosed is a check for	A VIO VA f Contact Person the following amount made		tment of State:
Iring P	f Contact Person the following amount made \$\square\$ \$	at (954 Area Cod payable to the Florida Depar	tment of State: ☐\$52.50 Filing Fee
Name of Enclosed is a check for	A VIO VA f Contact Person the following amount made	at (954 Area Cod payable to the Florida Depar	tment of State: \$\Bigsize \$\subset\$\$\simeq\$\$\simeq\$\$\simeq\$\$\$\$ Certificate of Status Certified Copy
Name of Enclosed is a check for	f Contact Person the following amount made \$\square\$ \$	at (954 Area Cod payable to the Florida Depar \$43.75 Filing Fee & Certified Copy	tment of State: \$\int\$\$\\$\$52.50 \text{ Filing Fee}\$ Certificate of Status Certified Copy (Additional Copy
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Articles of Amendment to Articles of Incorporation



care (Name of Corporation as currently filed with the Florida Dept. P01000101229 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 1/0 name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 2500 East Hallendele Bch. Blud B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) #604 Hallandele FL C. Enter new mailing address, if applicable: 2500 East Hallendue Bch. Blvd. (Mailing address MAY BE A POST OFFICE BOX) #604 Hall andels 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

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

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	1/2	
Type of Action (Check One)	Title	Name	<u>Addr</u>	<u>es</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove			-	
3) Change		<u> </u>	······	
Add				
Remove				
4) Change		_	<u></u>	
Add				
Remove				
5) Change	<u></u>	_		
Add	•			
Remove				
6) Change				
Add				
Remove				

Attach a	dditional she	ets, if necessary)	rticles, enter cha (Be specific)	The state of the s	n!a_	
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f an am	endment nro	wides for an exc	rhange reclassi	ication or ca	ncellation of issued	l charec
provision	ons for imple	ementing the am	endment if not	contained in t	he amendment itse	elf:
(if)	101 applicable	e, indicate N/A)				
		· · · · · · · · · · · · · · · · · · ·				
						
					•	

The date of each amendment(s) a	doption: $11-25-12$
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
-	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 12	131/12
Signature	lirector, president or other officer – if directors or officers have not been
(By a d selecte	an incorporator — if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	Elena Ofly KOVA (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Prezident
	(Title of person signing)