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ECRETANY OF STATE

ALLAHASSEE, FLORIOZ

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROGER D. CL.	AY, D.D.S., P.A.
DOCUMENT NUMBER: P02000135467	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
ROGER D. CLAY	
ROGER D. CLAY, D.D.S	Name of Contact Person
<u> </u>	
 1515 INDIAN RIVER BO	Firm/ Company PULEVARD, SUITE A-140
	Address
VERO BEACH, FLORID	
- · · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code
CLAYDDS@GMAIL.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
ROGER D. CLAY	at (⁷⁷²⁻⁷⁷⁰⁻²²² 5
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State;
\$35 Filing Fee \$\sum \square \square \text{S43.75 Filing Fee & Certificate of Status}	Certified Copy Certificate of Status (Additional copy is enclosed) Cartified Copy 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

ROGER D. CLAY, D.D.S., P.A.			
(Name	of Con	poration as currently filed with	the Florida Dept. of State)
P02000135467			
	Ċ	Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006,	Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of	the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation	"Corp," "Inc," or "Co". A pro-	The new incorporated" or the abbreviation of the officers of the officers of the abbreviation the
B. Enter new principal office address,			
(Principal office address MUST BE A S	TREE	TADDRESS)	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		<u></u>	FILED SEP -5 PM L
D. If amending the registered agent an new registered agent and/or the new			da, enter the name of the
Name of New Registered Agent			
	607 T	ULIP LANE	
		(Florida street address)	
New Registered Office Address:	VERC	BEACH, FLORIDA	32963
		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hangin Jered av	g Registered Agent: ent Lam familiar with and acc	ent the abligations of the position
			ept me congunities by the position.
		Signature of New Registered Ag	gent, if changing

P = President; V= Vi Executive Officer: CF	ce Presiden O = Chief	it; T= Treasurer; S= Secretary; D= Dire Financial Officer	ector: $TR = Trustee$; $C = Chairman or Clerk$; $CEO = Chief$ holds more than one title, list the first letter of each office
held. President, Treas Changes should be no	urer, Direct ted in the fo	or would be PTD. ollowing manner. Currently John Doe is	listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Rem	ove, and Sa	lly Smith, SV as an Add.	3.
Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name 	Address
1) Change	V	MORGAN E. CLAY, DMD	7548 SOUTH VILLAGE SQUARE
X Add			VERO BEACH, FLORIDA 32966
Remove			
2) Change	T & S	SUSAN CLAY	607 TULIP LANE
X Add			VERO BEACH, FLORIDA 32963
Remove			
3) Change			
Add			
Remove			
4) Change			
,			
Remove			
			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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:

(Attach additional sheets, if necessary)

E. <u>If amending or adding additional Articles,</u>	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
ı	
	<u> </u>
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 If an amendment provides for an exchange provisions for implementing the amendment 	reclassification, or cancellation of issued shares, ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
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* . • •	
The date of each amendment(s) adoption: _ date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) r approval.
☐ The amendment(s) was/were approved by t must be separately provided for each votin	the shareholders through voting groups. The following statement aggroup entitled to vote separately on the amendment(s):
"The number of votes cast for the am	endment(s) was/were sufficient for approval
by	."
(v	oting group)
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder
Dated 9/0	7017
Signature	
(By a director, pre	sident or other officer - ti directors or officers have not been
appointed fiducia	comparator — if in the hands of a receiver, trustee, or other court ry by that fiduciary
	D. CIAY CLAY
	(Typed or printed name of person signing)
PRESIDE	NT
	(Title of person signing)
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