Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000236143 3)))



H110002361433ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

MECHINELD

1 SEP 28 AH 8: 01

CHELANYOF STATES
ALLANASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN COTY RAPPACCIOLI-FAHIMIPOUR, DMD, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/28/2011

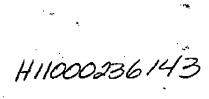
PAGE 01/04

EMPIRE CORP KIT

9696889908

61:22 1102/42/60

## Articles of Amendment to Articles of Incorporation



COTY RAPPACCIOLI -	FAHIMIPOUR, DMD, P.	١.	
(Name of Corporation as co	irrently filed with the Florida	Dept. of State)	
P03000035550			
	Number of Corporation (if knows	)	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		ida Profit Corporation ad	opts the following
A. If amending name, enter the new nam	e of the corporation:		
COTY RAPPACCIOLI, DMD &	ASSOCIATES, P.A.		The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," ar Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,"	or "Co". A professional	
B. Enter new principal office address, it? (Principal office address MUST BE A STR			_ 0
C. Enter new mailing address, if applica (Malling address MAY BE A POST OF  D. If amending the registered agent and/onew registered agent and/or the new resistered agent and/or the new resistered agent.)	ble: FICE BOX)	Torida, enter the name of	TECRETARY OF STALE VISION OF CORPORATIONS VISION OF CORPORATIONS VISION OF CORPORATIONS
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ada	ross)	
		, Florida	
	(Ctry)	(Zip Code)	
New Registered Ageut's Signature, if char I hereby accept the appointment as registere	d agent. I am familiar with and		e position.
•	Signature of New Registered A	gent, if changing	

Page 1 of 3

H11000236143

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Name Title <u>Address</u> Type of Action □ Add ☐ Remove □ Add ☐ Remove ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

Page 2 of 3

The date of each amendment	(s) adoption:	9/2/201	1	H1100023614£
			ion is required)	
Effective date if applicable:	(no more than 9	0 days after ame	ndment fils date)	
<i>ي</i>	1,14 11101 0 111211 2	5 mag , - , - ,		
Adoption of Amendment(s)	CH	ECK ONE		
The amendment(s) was/wer by the shareholders was/we			he number of votes	cast for the amendment(8)
The amendment(s) was/wei must be separately provided				
"The number of votes	cast for the amend	dment(s) was/we	re sufficient for app	roval
by				
-	(voting group)			
The amendment(s) was/wer action was not required.	re adopted by the	board of director	s without sharehold	ler action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the	incorporators wi	thout shareholder a	ction and shareholder
DatedS	eptember 2,	, 36×1		
Signature	603	Land	iocio h	officers have not been
sele		oorator } /f in the		r, trustee, or other court
	Coty Rapi	paccioli		
	(Тур	ed or printed nar	ne of person signin	g) .
	President	t		
	(Title of	person signing)		

Page 3 of 3

H11000736143