

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

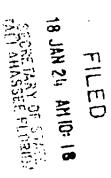
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Susan Hudak Bo	oss, D.M.D., P.A.
DOCUMENT NUMBER: P03000065275	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Susan E. Hudak	
	Name of Contact Person
Susan Hudak Boss, D.M.I.	D., P.A.
	Firm/ Company
9160 Oakhurst Road, Suite	e 2
	Address
Seminole, FL 33776	
	City/ State and Zip Code
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, pl	lease call:
Susan E. Hudak	at (⁷²⁷) <u>595-4525</u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
☐ \$35 Filing Fee & Certificate of Status	- I
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

SUSAN HUDAK BOSS, D.M.D., P.A.

303/11/10D/11/2033, D.M.D., 1.71.			
(Name o	of Corporation as currently i	iled with	the Florida Dept. of State)
P03000065275			
	(Document Number of C	orporatio	n (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Pro	afit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
SUSAN E. HUDAK, D.M.D., P.A.			υ The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc," or "Co	r". A pr	uny," or "incorporated" or the abbreviation ofessional corporation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent ar	<u>OFFICE BOX</u>)	ss in Flor	THE DE STEEL THE CHARLES THE C
new registered agent and/or the ne			
Name of New Registered Agent	SUSAN E. HUDAK		
	9160 OAKHURST DRIVE.	Suite # 2	
New Registered Office Address:	(Florida streed	t address)	33776 Florida
ner regime ew office resident	(C	Tiy)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.		th and acc	cept the obligations of the position.
	Signature of New Reg	gistered A	lgent, if changing

address of each Officer a Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = neld. President, Treasurer Changes should be noted	and/or D if necess vector title President Chief F Directo in the fol ves the co	irector b ary) e by the fi ; T= Trec inancial or would l lowing m orporation	eing added: irst letter of the office title: isurer: S= Secretary; D= Director Officer. If an officer/director holo be PTD, anner. Currently John Doe is liste n, Sally Smith is named the V and .	r; TR= Tri ds more th ed as the P	irector being removed and title, name, and astee: $C = Chairman \ or \ Clerk$; $CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	<u>c</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action Check One)	<u>Title</u>		Name		<u>Addres</u> s
XX Change	PTVS	_	SUSAN E. HUDAK		9160 Oakhurst Drive Suite #2
Add					Seminole, FL 33776
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_ .		 	
Add					
Remove					
S) Change		_			
Add					
Remove					

C. If any discount discount Autistic onto a charge (c) have	
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	on of issued shares,
provisions for implementing the amendment if not contained in the ame (if not applicable, indicate N/A)	nament asen.
	3100-71

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after an	vendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehaction was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	ar action and shareholder
January 2, 2018 Dated	
Signature Smar & Hudak	
(By a director, president or other officer – if directo selected, by an incorporator – if in the hands of a re appointed fiduciary by that fiduciary)	
Susan E. Hudak, f/k/a Susan E. Hudak Boss	
(Typed or printed name of person	signing)
President	
(Title of person signi	uf)