P040000/4569

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400110961674

Amend Thuis

10/19/07--01022--029 **35.00

TALLAHASSEE. FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: _access der	ntistry Pa.	
DOCUMENT NUM	BER: P04000014569		de Hedrote cond
The enclosed Articles	s of Amendment and fee a	re submitted for filing.	
Please return all corre	espondence concerning the	is matter to the following:	
micha	nel shaeffer		
	(Name	of Contact Person)	
acce	ss dentistry		
	(Fi	rm/ Company)	
3599-	6 university blvd. s.		
		(Address)	
jackso	onville, FL 32216		
	(City/ S	tate and Zip Code)	
For further information	on concerning this matter,	please call:	
michael shaeffer		at (904) 391000	
(Name of	Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check f	or the following amount:		
☑\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status 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 Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	20	2>	^//	
1	ALECAL AL	Vacr.	S AN IN STATES	3
	14	SKE.	Sign Color	09
`	-		OPIOA	

Access Dentistry P.A.

(Name of corporation as currently filed with the Florida Dept. of State)

<u> </u>	04000014569			
	(Document number of corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
NEW CORPO	RATE NAME (if changing):			
	vord "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") poration must contain the word "chartered", "professional association," or the abbreviation "P.A.")			
	S ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) itle(s) being amended, added or deleted: (BE SPECIFIC)			
Add Officer:	: Ae Ja Lee VP 10% share			
<u></u>				
	(Attach additional pages if necessary)			
f an amendmen or implementin	t provides for exchange, reclassification, or cancellation of issued shares, provision g the amendment if not contained in the amendment itself: (if not applicable, indicate N			

(continued)

The date o	of each amend	ment(s) adoption: <u>10/16/2007</u>
	late if <u>applica</u> l	
		(no more than 90 days after amendment file date)
Adoption	of Amendmen	t(s) (<u>CHECK ONE</u>)
V		nt(s) was/were approved by the shareholders. The number of votes cast for at(s) by the shareholders was/were sufficient for approval.
	following state	nt(s) was/were approved by the shareholders through voting groups. The ement must be separately provided for each voting group entitled to vote the amendment(s):
	"The numb	per of votes cast for the amendment(s) was/were sufficient for approval by
		(voting group)
		nt(s) was/were adopted by the board of directors without shareholder action er action was not required.
		nt(s) was/were adopted by the incorporators without shareholder action and tion was not required.
	Signature _	By adirector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		Michael Shaeffer
		(Typed or printed name of person signing)
		VP
		(Title of person signing)

FILING FEE: \$35