

PD6000055523

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
2008 NOV -3 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TR

11-5-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MOUNT DORA VENTURES, INC.

**DOCUMENT NUMBER:** P06000055523

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOOK J KIM DDS  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

4392 BLUEJACK RIDGE AVE  
(Address)

APOKA FL 32712  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Sook J Kim DDS at ( 407 ) 489-7630  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2008

SOOK J KIM DDS  
4392 BLUEJACK RIDGE AVE  
APOPKA, FL 32712

SUBJECT: MOUNT DORA DENTURES, INC.  
Ref. Number: P06000055523

We have received your document for MOUNT DORA DENTURES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed by a director, 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 608A00054857

RECEIVED  
2008 NOV -3 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2008 NOV -3 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOUNT DORA DENTURES, INC.

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

P06000055523

(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:**

*The new 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."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

4392 BLUEJACK RIDGE AVE

APOPKA, FL. 32712

**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:

SOOK J KIM DDS

New Registered Office Address:

4392 BLUEJACK RIDGE AVE

(Florida street address)

APOPKA,

(City)

Florida 32712

(Zip Code)

**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>MICHELE ZRAILACK</u>	<u>20402 RALSTON ST</u> <u>ORLANDO FL 32833</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VICE PRES</u>	<u>ROBERT ZRAILACK</u>	<u>20402 RALSTON ST</u> <u>ORLANDO FL 32833</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRESIDENT</u>	<u>SOOK J KIM DDS</u>	<u>4392 BLUEJACK RIDGE AVE</u> <u>APOPKA, FL 32712</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

SEE ATTACHED SHEET

**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)

N/A

**CHANGE TO:**

**Article II**

The principal place of business address:

2781 W. Old Hwy 441  
Ste. 24A  
Mount Dora, FL. 32757

The mailing address of the corporation is:

4392 Bluejack Ridge Avenue  
Apopka, FL. 32712

**Article V**

The Name and Florida street address of the registered agent is:

Sook J. Kim DDS  
4392 Bluejack Ridge Avenue  
Apopka, FL. 32712

I certify that I am Familiar with and accept the responsibilities of registered agent.

Registered agent signature: Sook J. Kim DDS

**Article VII**

The initial Officer and/or director of the corporation is:

Sook J. Kim DDS - *President*  
4392 Bluejack Ridge Avenue  
Apopka, FL. 32712

The date of each amendment(s) adoption: 10-10-08

Effective date if applicable: 10-10-08  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10-10-08

Signature Sook J. Kim  
(By a director, 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)

SOOK J. KIM DDS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)