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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: <u>TARA WA</u>	LLING, D.M.D., P.A.	· .
DOCUMENT NU	mber: <u>P06000068</u>	3941	· 
The enclosed Artic	eles of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
		SE H. ROWAN, ESQ.	
	(Name	of Contact Person)	- · · · · ·
	BURKE, BLUE, HL	TCHISON, WALTERS, & SMITH	i, P.A.
	(Fi	rm/ Company)	····
	221 M	ICKENZIE AVENUE	
		(Address)	
	PANAMA	CITY, FLORIDA 32401	
	(City/ S	tate and Zip Code)	
For further informs	ition concerning this matter,	please call:	
TARA WALLING		at ( <u>850</u> ) 238-586	<b>68</b>
(Name	of Contact Person)		e Telephone Number)
Enclosed is a check	c for the following amount r	nade payable to the Florida De	epartment of State:
<b>√</b> \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Ac</u> Amendmen		Street Address Amendment Section	
Division of Corporations		Division of Corporations	` . }
P.O. Box 6327		Clifton Building	
Tallahassee	, rl 32314	2661 Executive Center C Tallahassee, FL 32301	Circle

## Articles of Amendment to Articles of Incorporation of

	ALLING, D.M.		- F
(Name of Corporation as cur	rently filed with t	he Florida Dept. of State	
	P06000068941		
(Document N	umber of Corporati	on (if known)	250
Pursuant to the provisions of section 607.16 following amendment(s) to its Articles of Inc.	006, Florida Statut orporation:	tes, this <i>Florida Profit C</i>	orporation adopts, the
A. If amending name, enter the new name	of the corporation	<u>ı:</u>	O.C.
EMERALD COAST DENTAL SPA, IN	IC.		
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	and contain the	" or the designation "C	orp," "Inc," or
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		NO CHANGE	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	le: FICE BOX)	NO CHANGE	
D. If amending the registered agent and/or new registered agent and/or the new re			r the name of the
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:	(Flori	da street address)	
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.			the obligations of the
_	Signature of New	Registered Agent, if change	ging

## 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>		Type of Action
	·				_
<del></del>					_ 🚨 Add _ 🗖 Remove
E. If amend (attach ad NO CHANG	lditional sheets, if n	itional Articles, e necessary). (Be s	nter change(s) here: pecific)		
					·.
	`				<u>.</u>
provisie (if n	ons for implement ot applicable, indic	ing the amendmen ate N/A)	reclassification, or cr at if not contained in t	nnçellation of i he amendmen	ssued shares, t itself:
N/A					<u>.</u>
<del></del>					
•				·	
		,.			

The date of each amendment	t(s) adoption: MARCH 30, 2009
Effective date <u>if applicable</u> :	UPON FILING
<u> ирраждаж</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	4/20/09
Signature_	Tara Wallie
(B)	y a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Tara Walling (Typed or printed name oxperson signing)
	(Typed or printed name oxperson signing)
	President (Title of person signing)
	(Title of person signing)