

P070000026398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

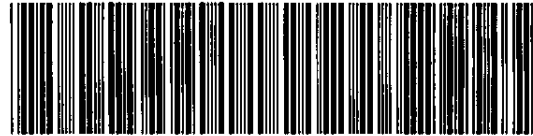
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300185660233

Amend

09/27/10--01027--017 **35.00

2010 OCT 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*00789, 06422, 00671

Not
10/19/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Sent Oct 14/20

RECEIVED

10 OCT 19 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 28, 2010

Debbie Ekstrand
Smiles at Citrus and 5th
535 Citrus Ave.
Crystal River, FL 34428

SUBJECT: SMILES AT CITRUS AND 5TH, P.A.
Ref. Number: P07000026398

We have received your document for SMILES AT CITRUS AND 5TH, P.A. 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 document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 610A00022991

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Smile ^{at} Citrusland 5th, P.A.

DOCUMENT NUMBER: PO 70000 26398.

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

Please return all correspondence concerning this matter to the following:

Debbie Ekstrand

Name of Contact Person

Smile at Citrusland 5th, P.A.

Firm/ Company

535 Citrus Ave

Address

Crystal River, FL 34428

City/ State and Zip Code

ekstrand@wedeliverwellness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Ekstrand

Name of Contact Person

at (352) 795/881

Area Code & Daytime Telephone Number

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

☐ \$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)

already submitted

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

FILED

Smiles at Citrus and 5th 2018 OCT 19 PM 12:57
(Name of Corporation as currently filed with the Florida Dept. of State)
PO7000026398 SECRETARY OF STATE
(Document Number of Corporation (if known)) TALLAHASSEE, FLORIDA

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:

N/A 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)

N/A

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

N/A

**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:

Debbie Ekstrand (Registered Agent,

New Registered Office Address:

535 Citrus Ave Crystal

(Florida street address)

Crystal River, Florida

(City)

(Zip Code)

34428

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.

Debbie Ekstrand
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>
ST	Debbie Ekstrand	535 Citrus Ave Crystal River, FL 34428	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

N/A

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)

The date of each amendment(s) adoption: Sept 20/10

Effective date if applicable: Sept 20/10
(date of adoption is required)
(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 _____

Signature

Perry Ekstrand

(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)

PERRY EKSTRAND

(Typed or printed name of person signing)

PRES.

(Title of person signing)