P07000036797

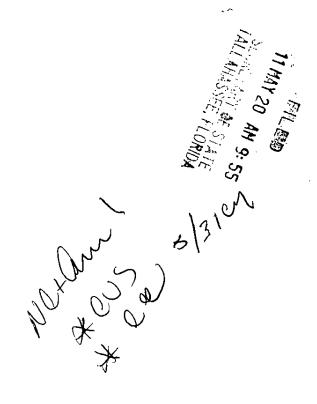
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORP	ORATION:	uson Battle DOS, P	P/ }-
DOCUMENT NU	MBER: P C	7000036797	
The enclosed Artica	les of Amendment and fee	are submitted for filing.	
Please return all con	rrespondence concerning t	his matter to the following:	
-	J-40	name of Contact Person	
-	2	Firm/ Company	
-	448. S. A	LaSaye Trail # 10 Address	
-	Or lando	FL 32828 City/ State and Zip Code	
	Jason, battle 6 E-mail address: (to be us	Sed for future annual report notification)	,
For further informa	tion concerning this matte	r, please call:	
Name (T. Me of Contact Person	at (<u>904</u>) <u>535 -</u> Area Code & Daytime T	/ Z / / Celephone Number
Enclosed is a check	for the following amount	made payable to the Florida Depa	artment 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)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	· ·cle

Tallahassee, FL 32301



April 21, 2011

JASON BATTLE 448 S. ALAFAYA TRAIL, #10 ORLANDO, FL 32828

SUBJECT: JASON BATTLE DDS, PA

Ref. Number: P07000036797

We have received your document for JASON BATTLE DDS, PA and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of "Limited Co." is not allowed for a Florida corporation.

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) 245-6916.

Letter Number: 511A00009748

Carol Mustain Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2011

JASON BATTLE 448 S. ALAFAYA TRAIL, #10 ORLANDO, FL 32828

SUBJECT: JASON BATTLE DDS. PA

Ref. Number: P07000036797

We have received your document for JASON BATTLE DDS, PA and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

If you are changing from P.A. to Inc. .

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 511A00009748

• •	Articles of Anto	nendment	ه. په	≥ ≤	umb "" amb ""	,
	Articles of Inco	orporation		AHAS	MAY 2	1
Jason Bo						
(Name of Corporation as	currently filed with 1	he Florida Dept.	of State)			5
P070000	36797			<u> 2</u>	9: 55	
(Document	Number of Corporati	on (if known)		75-177	വ	
Pursuant to the provisions of section 607 amendment(s) to its Articles of Incorporati		_	Profit Corporation			owing
A. If amending name, enter the new name	me of the corporation	<u>ı:</u>	7 0 11100 301	jrski		
name must be distinguishable and contabbreviation "Corp.," "Inc.," or Co.," on ame must contain the word "chartered."	ain the word "corp r the designation "Co	orp," "Inc," or "	Co". A professi	rporated" ional corp	The new or the poration	
B. Enter new principal office address, if (Principal office address MUST BE A ST		#1109		idd e	antal	Blud
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		322 E.	FL 32801 Central Blue FL 3280	1 # 11	0 9	
D. If amending the registered agent and new registered agent and/or the new			la, enter the nan	ne of the		
Name of New Registered Agent:	Jason Ba	Me				
New Registered Office Address:		entral Bl. J la street address)	#1109			
	Orlando (City)	· · · · · · · · · · · · · · · · · · ·	, Florida_ (Zip Code)	3280	L	
New Registered Agent's Signature, if cha hereby accept the appointment as register			pt the obligations	s of the po	osition.	
	Signature of New I	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) Title <u>Name</u> Address Type of Action ☐ Add ☐ Remove ☐ Add 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 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	s) adoption:
Effective date <u>if applicable</u> : _	(date of adoption is required) 4/1/11 (no more than 90 days after amendment file date)
• •	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	4/11/1
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoii	nted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	owner
•	(Title of person signing)