

PO7000055251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

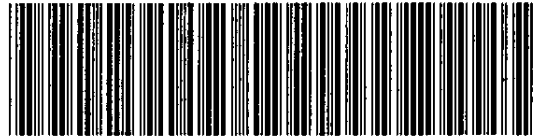
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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

T. Roberts NOV 03 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HILLTOP 27, Inc.

DOCUMENT NUMBER: 20-8997125

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

Please return all correspondence concerning this matter to the following:

Elicia R. Hester
Name of Contact Person

HESTER School of Dental Assisting
Firm/ Company

5581 Living Waters Street
Address

DeLeon Springs, FL 32130
City/ State and Zip Code

bobbyandelicia@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Hester IV at 386 450 0860 cell
Name of Contact Person Area Code & Daytime Telephone Number
386 985-9967 Home/fax

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

HILLTOP 27, Inc.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -2 PM 2:17

(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:

HESTER School of Dental Assisting Inc

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**)

5581 Living Waters Street
DeLeon Springs FL 32130

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Elicia R. Hester

New Registered Office Address:

5581 Living Waters St.

(Florida street address)

DeLeon Springs, Florida 32130

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and am familiar with and accept the obligations of the position.

Elicia R. Hester

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>
Pres.	Robert J. Hester II	5581 Living Waters St DeLeon Springs FL 32130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Pres.	Elicia R. Hester	5581 Living Waters St DeLeon Springs FL 32130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
V.Pres.	Robert J. Hester IV	5581 Living Waters St DeLeon Springs FL 32130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
V.Pres.	Elicia R. Hester		<input checked="" type="checkbox"/> Remove

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

NA

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)

NA

The date of each amendment(s) adoption: 10-29-09
(date of adoption is required)
Effective date if applicable: 11-1-09
(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 10-29-09

Signature Elicia R. Hester
(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)

Robert J. Hester IV
(Typed or printed name of person signing)
Vice President

Elicia R. Hester
President

(Title of person signing)