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TALLAHASSEE FINDING

MAY 18 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Affordable Dentu	res - Fort Lauderdale, P.A.	
DOCUMENT NUM	D0700000100		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kathy Miller		
		Name of Contact Person	n
	Affordable Care, LLC		
		Firm/ Company	
	5430 Wade Park Blvd., Suite	: 310	
		Address	
	Raleigh, NC 27607		
		City/ State and Zip Cod	e
kathy	.miller@affordablecare.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information Sonia Surasky	o concerning this matter, pleas		520-2213
	f Contact Person	at (252	_) de & Daytime Telephone Number
Name	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Affordable Dentures - Fort Lauderdale,	P.A.		
(Name	of Corporation as curre	tly filed with the Florida Dept. of St	ate)
P07000080109			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts to	he following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
Affordable Dentures & Implants - Miam	i Lakes, P.A.		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp," "Inc," or	"Co". A professional corporation n	or the abbreviation
B. Enter new principal office address.	Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		Miami Lakes, FL 33014	
			7
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		P.O. Box 1042	TASSA ASSA
(Mutting uttaress MAI BE A FUST	OFFICE BOX	Kinston, NC 28503	ma R
		1445	
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of thess;	m මීළි ආ
Name of New Registered Agent	NRAI Services, Inc.		
	1200 South Pine Island I	Rond	 -
	(Florida s	treet address)	
New Registered Office Address:	Plantation		33324
New Negastered Office Address.		(City), Florid	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			position.
NR	Al Services, Inc.	0	
By: 🗡	John - A	aul	
	Signature of New	Registered Agent, if changing	

Natalie Leiba-Paul - Assistant Secretary

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	_Title	<u>Name</u>	<u>Addres</u> s
1) Change	•		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		·	
Remove			
6) Change		·	
Add			
Remove			

ttach additional sheets, if necessary).	' (Be specific)				
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an amendment provides for an excha rovisions for implementing the amen	inge, reclassificati	on, or cancellation	n of issued shar dment itself:	<u>es,</u>	
(if not applicable, indicate N/A)					
William approved in mount in the					
(y approache, material (n/1)					
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(y approduct, material (m/t)					_
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The date of each amendment(s) ado date this document was signed.	ption:	if ot	ther th	an the
Effective date if applicable:		_		
Ellocavo dato il Applicato.	(no more than 90 days after amendment file date)			
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be	listed	as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.			
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):			
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval			
by	(voting group)			
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	TAL AL	<u>_</u> ;	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	CNETA	MAY I	T
Dated	15/2017	SFF	8 PH	
Signature	If I fell	<u> </u>	4:4	the state of the s
selected,	by an incorporator — if in the hands of a receiver, trustee, or other court diductary by that fiductary)	361	យា	
J	effrey Friefeld, DDS			
_	(Typed or printed name of person signing)			
P	resident			
_	(Title of person signing)			