

SEP/30/2021 THU 12:13 PM

Nations Business C

FAX No 954-753-3447

P. 001/005

9/30/21, 1:02 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210003666963ABC6

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238

Phone : (305)591-9448

Fax Number : (954)753-3447

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
COCKPIT COUNTRY CONCEPTS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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2021 SEP 30 AM 9:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

VH

Articles of Amendment
to
Articles of Incorporation
of
COCKPIT COUNTRY CONCEPTS CORP.

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

P07000091859

(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:

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**)

2301 NW 41ST AVENUE

SUITE 110

LAUDERHILL FL 33313

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

2301 NW 41ST AVENUE

SUITE 110

LAUDERHILL FL 33313

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 DIANA LESLIE

2301 NW 41st Avenue Suite 110

(Florida street address)

New Registered Office Address: Lauderhill, Florida 33313
(City) (Zip Code)

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.



Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

SEP/30/2021/THU 12:14 PM Nations Business C.
09-30-21;09:06 ;From:

FAX No. 954 753 3447

P. 005/005

To: 19547533447 ; 9413558619

5/ 5

The date of each amendment(s) adoption: 9/30/21 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 9/30/2021

Signature X. Leslie
(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)

LESLIE DIANA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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H210003668723ABC2

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
4 CORNERS DENTAL, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SEP 30 2021
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 SEP 30 AM 9:46

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 4 CORNERS DENTAL, P.A.
2. The principal office address: 5733 HWY 85 NORTH, #5887, CRESTVIEW, FL 32536
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/28/2021 Document number: P21000084713
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATE CREATIONS NETWORK INC.

801 US HIGHWAY 1

NORTH PALM BEACH, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MyCPA, PA


1700 South Dixie Highway, 4th Floor

P.O. Box NOT acceptable

Boca Raton, FL 33432

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Joseph Panholzer, Attorney-in-Fact
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 September 30, 2021
Signature of Registered Agent Date

If signing on behalf of an entity:

Joseph Panholzer, Attorney-in-Fact

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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