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ALI AIIASSEE, FLORIO

SEP 21 24 3: 30

SEP 23 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Access Endodonti	cs, P.A.	
DOCUMENT NUM	BER: P08000006781		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Stuart M. Bordman, Esq.		
		Name of Contact Person	on
	MADDIN, HAUSER, ROTH	ዛ & HELLER, P.C.	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	28400 Northwestern Highwa	y, Second Floor	
		Address	
	Southfield, Michigan 84034-	1839	
		City/ State and Zip Co	de
•	0011	·	
strey	8@icloud.com	16.6	
	E-mail address: (to be u	sed for future annual repor	t notification)
For further informatio	n concerning this matter, pleas	se call:	
Stuart M. Bordman, I	Esq.	at (²⁴⁸	827-1870
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment 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 Address Amendment Section Division of Corporations		Amen Divisi	t Address Idment Section Idmon of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

15 SEP 21 PH 3: 30

Part C

LLOPELAN FALLANASSEE, FLORIDA

Access Endodontics, P.A.

P08000006781	·		
(Docum	nent Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floridatist Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following at	nendment(s)	
A. If amending name, enter the new name of the co	rporation;		
Michaud Dental, P.A.	T^{1}	ne new	
	d "corporation," "company," or "incorporated" or the abbr " "Inc," or "Co". A professional corporation name must con	eviation	
B. Enter new principal office address, if applicable	853 Cal Cove Drive		
(Principal office address <u>MUST BE A STREET ADI</u>			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	X) 853 Cal Cove Drive		
	Fort Myers, FL 33919	Fort Myers, FL 33919	
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida, enter the name of the office address:		
Name of New Registered Agent	4-2		
			
252 51 5	(Florida street address)		
New Registered Office Address: 853 Cal Co	ve Drive, Fort Myers, , Florida 33919		
	(City) (Zip Coa	<i>e)</i>	
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.		
Sign	ature 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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address .
1) X Change	P	Richard A. Michaud	853 Cal Cove Drive
Add			Fort Myers, FL 33919
Remove			
2) X Change	S	Sonia Michaud	853 Cal Cove Drive
Add			Fort Myers, FL 33919
Remove			
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) her (Attach additional sheets, if necessary). (Be specific)		
Amending Article I as follows:		
ne name of the corporation is Michaud Dental, P.A.		
•		
	·	
If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained	<u>r cancellation of issued shares,</u> in the amendment itself:	
(If not applicable, indicate N/A)		

The date of each amendment(s) adoption:	, if other than the
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 a document's effective date on the Department of State's records.	vill not be listed as the
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)	
(voling 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 Supremper 11, 2015	
Signature	
(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)	
Richard A. Michaud	
(Typed or printed name of person signing)	
President	
(Title of parson signing)	