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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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JAN 28 2010

EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: OFFICER CHANGE LIL DENTAL, P.A | · | |
|---|--|---|
| DOCKINACNIE NILIANDED. P00000018270 | | |
| DOCUMENT NUMBER: P09000018279 | | |
| The enclosed Articles of Amendment and fee ar | re submitted for filing. | |
| Please return all correspondence concerning this | s matter to the following: | |
| SCOTT B SANDFORT CPA | | |
| (Nar | ne of Person) | |
| BASS & SANDFORT ACCOUNTANT | | <u></u> |
| (Name o | f Firm/ Company) | |
| 1301 W GARDEN ST | (A.11 | |
| (| (Address) | |
| PENSACOLA FL 32502 | 1 1 1 T C 1 1 2 | |
| (City/ St | ate/ and Zip Code) | |
| For further information concerning this matter, | please call: | |
| SCOTT B SANDFORT | at (<u>850</u>) <u>434-5899</u> | |
| (Name of Person) | (Area Code & Daytime | Telephone Number) |
| Enclosed is a check for the following amount: | | |
| \$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 P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | |

Articles of Amendment to Articles of Incorporation of

LIL DENTAL PA

| P09000018279 | |
|--|--------------------------------------|
| (Document number of corporation (if known) | <u> </u> |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> adopts the following amendment(s) to its Articles of Incorporation: | rida Profit Corporation |
| NEW CORPORATE NAME (if changing): | • |
| N/A | |
| (must contain the word "corporation," "company," or "incorporated" or the abbreviati | ion "Corp.," "Inc.," or "Co.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) In and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) | |
| EFFECTIVE IMMEDIATELY THE VICE PRESIDENT OF THE CORPORATION | SHALL BE |
| SHELLEY CAMPUS. | |
| | |
| ALL OTHER OFFICERS REMAIN THE SAME. | SECRETA ALLAHAS |
| | SSEEL FL |
| | ORIDA STATE |
| (Attach additional pages if necessary) | |
| · · · · · · · · · · · · · · · · · · · | .C:d-dd-i-i-m- |
| If an amendment provides for exchange, reclassification, or cancellation of the implementing the amendment if not contained in the amendment itsel | f: (if not applicable, indicate N/A) |
| | |
| | · |
| N/A | · · · |

| The date | of each amendment(s) adoption: 1/18/10 |
|-------------|--|
| Effective (| date if applicable: 1/18/10 |
| | (no more than 90 days after amendment file date) |
| Adoption | of Amendment(s) (CHECK ONE) |
| Ø | The amendment(s) was/were approved 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. |
| Signed this | 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) |
| | CHRISTOPHER CAMPUS (Typed or printed name of person signing) |
| | PRESIDENT. |
| | (Title of person signing) |

FILING FEE: \$35