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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

JUN 0 7 2018 S. YOUNG

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Eric R. Claussen, DMD, PA P09000050457 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ERIC R. CLAUSSEN Name of Contact Person ERIC R. CLAUSSEN, D.M.D., P.A. Firm/ Company 2624 JENKS AVE Address PANAMA CITY, FL, 32405 City/ State and Zip Code ERIC.CLAUSSEN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ERIC R. CLAUSSEN Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ERIC R. CLAUSSEN, D.M.D., P.A.

(Name of Corneration as current	tly filed with the Florida Dept. of State)
P0900050457	try med with the Provide Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation" Corp., ""Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A : = = = =
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED  JUN -6 PH 2: 28  LLAHASSEE. FLORID  N
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	<del></del>
New Registered Office Address: (Florida st	rect address), Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New 1	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.

Example: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	P,CEO	ERIC R. CLAUSSEN	2624 JENKS AVE
Add			PANAMA CITY, FL 32405
Remove			
2) Change	VP	MEGHANN F. CLAUSSEN	2624 JENKS AVE
X Add			PANAMA CITY, FL 32405
Remove		. / .	
3 ) Change		NA	
Add			
Remove		1	
4) Change		NA	
Add			
Remove			
5) Change		NA	
Add			
Remove			
() (I)		N/A	
6) Change			
Add			
remove			

Attach additional sheets, if necessary). (Be specific)  NA  Han 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 NA)	If amending or adding addition	<u>ial Articles, enter change</u>	<u>(s) here</u> :		
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)	(Attach additional sheets, if nece	ssary). (Be specific)			
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late this document was signed		
Offective date if applicable:	06/01/2018	
······································	(no more than 90 days after amendment file dat	te)
	this block does not meet the applicable statutory filing requireme he Department of State's records.	nts, this date will not be listed as th
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the arcre sufficient for approval.	mendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendment	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and re adopted by the incorporators without shareholder action and shareholder.	
action was not required.	e adopted by the meorphatons without shareholder action and share	Choraci
Dated	6/1/2018	
Signature _	millem	
(I so	By a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	Eric R. Claussen	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	<del></del>