P0900066/57

			
(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(6)	(O) (O)	- 10	
(Cit	ty/State/Zip/Phone	? #)	
, PICK-UP	☐ WAIT	MAIL	
(5)		-	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer		
Special Instructions to	riling Officer:		
		İ	
		j	

Office Use Only



400264243054

09/17/14--01015--017 **35.00

JUDION OF CORPORATIONS

14 SEP 17 DUD. L.7

1 Lew; 514

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: KEEP SMILING DENTAL DOCUMENT NUMBER: P09000066157 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA G. HABNER D.M.D. Name of Contact Person KEEP SMILING DENTAL Firm/ Company 2557 NURSERY ROAD SUITE D Address CLEARWATER, FLORIDA 33764 City/ State and Zip Code HEIDI@KEEPSMILINGDENTAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAURA G. HABNER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 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 (Additional Copy enclosed) is enclosed)

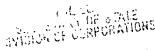
Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



KEEP SMILING DENTAL \mathcal{PA}

14 SEP 17 PM 12: 47

(Name of Corporation as currently filed with the	e Florida Dept. of State)
P0900066157	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Ŀ
	The new
name must be distinguishable and contain the word "corpore" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I herehy accept the appointment as registered agent. I am famili	
Signature of New Register	red 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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	JUDITH SMITH	2557 NURSERY ROAD
Add				SUITE D
Remove				CLEARWATER, FL 33764
2) Change		_		
Add				
Remove				
3) Change	·	_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u> </u>	_		
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessar	ry). (Be specific)
	<u> </u>
an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
an amendment provides for an e rovisions for implementing the a (if not applicable, indicate N/A	amendment if not contained in the amendment itself:
rovisions for implementing the a	amendment if not contained in the amendment itself:
rovisions for implementing the a	amendment if not contained in the amendment itself:
rovisions for implementing the a	amendment if not contained in the amendment itself:
rovisions for implementing the a	amendment if not contained in the amendment itself:
rovisions for implementing the a	amendment if not contained in the amendment itself:

The date of each amendment(s)	adoption: SEPTEMBER 12, 2014	Physical Control of the Control of t	, if other than the				
date this document was signed.		VI 1 177 1	, it other than the				
Effective date if applicable:		14 SEP 17 PM 12: 47					
(no more than 90 days after amendment file date)							
Adoption of Amendment(s)	(CHECK ONE)						
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)					
	oproved by the shareholders through voting gor each voting group entitled to vote separat						
"The number of votes cas	st for the amendment(s) was/were sufficient	for approval					
by	(voting group)						
	(voting group)						
The amendment(s) was/were ac action was not required.	dopted by the board of directors without share	reholder action and shareholder					
The amountained (a) (
action was not required.	dopted by the incorporators without sharehol	ger action and snareholder					
Dated SEPTE	MBER 12, 2014						
Signature_	125						
(By a select	director, president or other officer – if directed, by an incorporator – if in the hands of a nted fiduciary by that fiduciary)						
	LAURA G. HABNER D.M.D.						
	(Typed or printed name	of person signing)	_				
	PRESIDENT						
	(Title of person	signing)					