

P090000067497

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Kalsow & Son Dentistry, Inc.
DOCUMENT NUMBER: PO9000067497

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Antar, CPA
Name of Contact Person

Cape Coral Tax &
Accounting Services, LLC.
3306 Del Prado Blvd. South
Cape Coral, FL 33904

City/ State and Zip Code

billantar@capetaxes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Antar, CPA at (239) 540-7500
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

KALSOW & SON DENTISTRY, INC.

Document Number: P09000067497

RECEIVED
DIVISION OF REVENUE
2015 JUN 22 PM 4:20

The undersigned incorporator to these articles of incorporation hereby amends the articles of incorporation of the above referenced corporation pursuant to Chapter 607.1006 of the laws of the State of Florida as follows:

**DATE OF ADOPTION OF AMENDMENT
& AUTHORITY OF CHANGES**

The Amended changes below are to be effective the date filed with Florida Department of State.

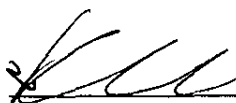
The Amended changes have been approved by 100 percent of the shareholders and 100 percent of the Board of directors on June 18, 2015, and are hereby adopted by the entity effective June 18, 2015.

**AMENDED ARTICLE I
CHANGE OF NAME**

The NAME of this Corporation shall hereby be known as follows:

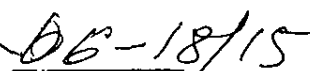
FORT MYERS DENTAL, INC.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

Date





Signature/Incorporator

Date

