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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

10/24/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Alexander	Orthodontics, Inc	c
DOCUMENT NUMBI	D0000007224		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
<u> </u>	Keisha Alexande	r	
_		Name of Contact Person	1
-		Firm/ Company	
-	1000 Mintaria Dan	Address	
-	1000 Victoria Par	City/ State and Zip Code	venport, FL 33896
alev	smilesolution@y	,	
alex		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Keisha Alexa	nder	at (919	360-0607
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis P,O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

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		of ZUIZ OCT 20	
Alexander Orthodontics,	Inc	SECKETARY OF STATE SECRETARY OF STATE Florida Dept. of State TALL AHASSEE. FLORIDA	
(Name of Corporation as	currently filed with the	Florida Dept. of State) TALLAHASSEE TEOM	
P09000072313		, in the second	
(Documer	t Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new na	me of the corporation:		
Amazing Smile Studio O	rthodontics, Inc	The nev	ıV
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain th	n
B. Enter new principal office address,	if applicable:	4000 Victoria Park Dr	
(Principal office address MUST BE A S		Apt 4101	
		Davenport, FL 33896	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4000 Victoria Park Dr	
		Apt 4101	
		Davenport, FL 33896	
D. If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the	
Name of New Registered Agent			
	4000 Victoria I	Park DR #4101	
	(Florida	street address)	
New Registered Office Address:	Davenport	, Florida 33896	
	. (Ci	(y) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	nt:	
		r with and accept the obligations of the position.	

Signature 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 <math>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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			·

ttach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
	
an amendment provides for an ex- provisions for implementing the an	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	
	
	

The date of each amendment(s)	adoption: 10-12-12
Effective date <u>if applicable</u> :	0/12/2012
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	."
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
_{Dated} 10/12	/2012
Signature	Klim
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Keisha N Alexander
	(Typed or printed name of person signing)
	President
	(Title of person signing)