P0900072313

| (Re | equestor's Name) | |
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| ☐ PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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| Consist Instructions to | Filing Officer | <u> </u> |
| Special Instructions to | Filing Officer: | |
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2015 DEC 28 PH 4: 05
SECRETARY OF STATE

DEC 3 1 2014 C. CARROTHERS

DEC 31 2000

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | AMAZING SMILI | E STUDIO ORTHODONT | ICS, INC | | |
|--------------------------|--|--|--|--|--|
| | ER: P09000072313 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this mat | ter to the following: | | | |
| | ALEXANDER, KEISHA | | | | |
| | Name of Contact Person | | | | |
| | AMAZING SMILE STUDIO ORTHODONTICS, INC | | | | |
| | Firm/ Company | | | | |
| | i5300 SANDFIELD LOOP | | | | |
| | Address | | | | |
| | WINTER GARDEN, FL. 34787 | | | | |
| | | City/ State and Zip Code | ; | | |
| alexsi | milesolution@yahoo.com | | | | |
| | - | sed for future annual report | notification) | | |
| For further information | concerning this matter, pleas | se calt: | | | |
| ALEXANDER, KEIS | НА | ar (407 | de & Daytime Telephone Number | | |
| Name (| of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | irtment 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) | | |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building executive Center Circle ssee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of

| AMAZING SMILE STUDIO ORTHOD | ONTICS, INC | | |
|--|---|--------------------------------|-------------------------------|
| (Name | of Corporation as current | ly filed with the Florida Dept | t. of State) |
| P09000072313 | | | |
| | (Document Number of | of Corporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporation a | dopts the following amendment |
| A. If amending name, enter the new na | ame of the corporation: | | |
| SMILE CONCEPTS ORTHODONTICS | LINC. | | That |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t | nation "Corp," "Inc," or | "Co". A professional corpore | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | |
| (Principal office address MUST BE A S | TREET ADDRESS) | APOPKA, FL. 32712 | <u> </u> |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new | OFFICE BOX) ud/or registered office add | | ne of the |
| Name of New Registered Agent | | | |
| | 551 N. PARK AVE. | | |
| | (Florida s | treet address) | |
| New Registered Office Address: | APOPKA | | _ Florida |
| Hen regimered Synte Hadress. | | (City) | (Zip Code) |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis | tered agent. I am familiar | with and accept the obligation | is 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 = ChiefExecutive 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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--|-------------------|-------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) X Change | Р | ALEXANDER, KEISHA | 551 N. PARK AVE. |
| Add | | | APOPKA, FL. 32712 |
| Remove | | | |
| • | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | ·· · · · · · · · · · · · · · · · · · · | | |
| Add | | | |
| Remove | | | |
| | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | _ | - |
| Add | | | |
| Remove | | | |

| ! | f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) |
|---|---|
| • | Additional Sheets, y hecessary). (Be specyle) |
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| 1 | 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) |
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| The date of each amendment(s) adoption: | , if other than the |
|--|--|
| date this document was signed. | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records. | s, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval. | endment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| by | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and staction was not required. | hareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | nolder |
| Dated | |
| Signature | |
| (By a director, president or other officer – if directors or officers have reselected, by an incorporator – if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary) | |
| Keisha Alexander | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |