

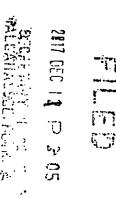
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Dоси	ment Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SMILE EXPRESSI	ONS, P.A.	A9 . 10	
DOCUMENT NUM	BER: P10000029982			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	RYANNE HAZEN GILLILANI	o		
		Name of Contact Persor	1	
	SMILES BY HAZEN, P.A.			
		Firm/ Company		
	19001 US HIGHWAY 441			
		Address		
	MT. DORA, FL 32757			
		City/ State and Zip Code		
rhaz	endds@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, pleas	se call;		
RYANNE HAZEN GII	LLILAND	at (352	383-9406	
	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street	Address	
	endment Section		Amendment Section	
Division of Corporations		Division of Corporations		
), Box 6327 Jahassee, FL 32314		Building xecutive Center Circle	
1 (11	······································	₩\X\1 £	ACCURATE CONCI CHER	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SMILE EXPRESSIONS, P.A.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P10000029982		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following an	mendment(s) to
A. If amending name, enter the new name of the corporation:		
SMILES BY HAZEN, P.A.		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must con	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	616 East Club Cir.	
	Longwood, FL 32750	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address Name of New Registered Agent RYANNE HAZEN GILLIL	AND	
19001 US HIGHWAY 44		
·	treet address)	
New Registered Office Address: MOUNT DORA	Florida	
	(City) (Zip Code	e)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New	with and accept the obligations of the position. 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.

X Change	<u>PT</u>	John Do	<u>»e</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	ST		DEVIN GILLILAND	3027 ROLLING HILLS LANE
Add				APOPKA, FL 32712
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
I/A	
	
	
-	hange, reclassification, or cancellation of issued shares,
It an amendment provides for an exch	
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: 12/04/2017	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 12/04/2017	
(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, this date v document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RYANNE HAZEN GILLILAND (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SMILE EXPRESS	IONS, P.A.		
DOCUMENT NUMB	ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	RYANNE HAZEN GILLILANI	0		
-		Name of Contact Persor	1	
	SMILES BY HAZEN, P.A.			
•		Firm/ Company		
	19001 US HIGHWAY 441			
-		Address		
	MT. DORA, FL 32757			
•		City/ State and Zip Code	e	
rhazei	ndds@yahoo.com			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
RYANNE HAZEN GILLILAND		at (<u>352</u>	383-9406	
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:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301