P10000047808

(Re	questor's Name)			
(Äd	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Land O Lakes O	ral Maxillofacial and Impl	ant Surgery PA			
DOCUMENT NUMBE	P10000047808					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
-	Temple H. Drummond					
_	rummond Wehle LLP	Name of Contact Person	1			
_		Firm/ Company				
6	987 East Fowler Avenue					
_	Address					
Т	ampa, Florida 33617					
_		City/ State and Zip Code				
temple	e@dw-firm.com					
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Temple H. Drummon	nd	813	983-8000			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:			
S35 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)			
Amen Divisi P.O. I	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle			

Articles of Amendment to Articles of Incorporation of

MINE 27 PD

Land O Lakes Oral Maxillofacial and Implant Surgery PA

(Name o	f Corporation as currently f	iled with the Florida Dept. of St	Me Co
P10000047808			Contract of the second
	(Document Number of C	orporation (if known)	$v_{\mathcal{A}}$
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this FI	orida Profit Corporation adopts th	he following amendment(s) t
A. If amending name, enter the new na	me of the corporation:		
Advanced Oral Surgery of Tampa Ba	y, PA		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	ation "Corp," "Inc," or "Ce	o". A professional corporation n	or the abbreviation the
B. Enter new principal office address, in (Principal office address MUST BE A ST			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>OFFICE BOX</u>) d/or registered office addres	ss in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registered office address: Temple H. Drummond			
Name of New Registered Agent			
	6987 East Fowler Avenue		
	Tampa	•	. 33617
New Registered Office Address:		, Flori <i>City)</i>	(Zip Code)
New Registered Agent's Signature, if classification in the second	nanging Registered Agent: ered agent. I am familiar wi		e position.

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: X Change	<u>PT</u>	John Do	<u>oc</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Sn	nith			
Type of Action (Check One)	Title		Name		Add	<u>dres</u> s
1) Change		.				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add		_				
Remove						

5) Change		_				
Add					-	
Remove						
6) Change						
Add		_	-	43.31		
Aud Remove						

Attach additional sheets, if necessary).	(Be specific)			
		, –		•
				<u> </u>
		•		
				
f an amendment provides for an excluding the amount of the second of the				
(if not applicable, indicate N/A)				

date this document was signed.	, if other than
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as
Adaption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amendment.	lowing statement
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and saction was not required.	hareholder
Dated Aviguet 20 2018 Signature CUM	
Signature CUM	
(By a director, president or other officer - if directors or officers he selected, by an incorporator - if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	Ave not been , or other court
JASON A. EDWARDS	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	

the

the