

P10000065114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

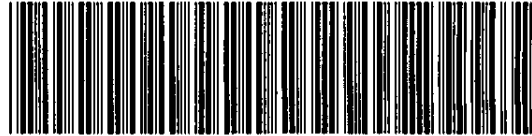
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/21/15--01031--011 **13.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 19 AM 7:47

C.L.
2-23-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2015

MANDY PAVLOKOS, ESQ. / LAW OFFICE OF MANDY PAVLAKOS PA
142 W LAKEVIEW AVE SUITE 2090
LAKE MARY, FL 32746 US

SUBJECT: CENTRAL FLORIDA SMILES, INC.
Ref. Number: P10000065114

We have received your document for CENTRAL FLORIDA SMILES, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

(1) If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a) A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-

(b) If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2) If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a) A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00025984



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2014

MANDY PAVLOKOS, ESQ. / LAW OFFICE OF MANDY PAVLAKOS PA
142 W LAKEVIEW AVE SUITE 2090
LAKE MARY, FL 32746 US

SUBJECT: CENTRAL FLORIDA SMILES, INC.
Ref. Number: P10000065114

We have received your document for CENTRAL FLORIDA SMILES, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$13.75 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00025984

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Central Florida Smiles, Inc.

DOCUMENT NUMBER: P10000065114

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

Please return all correspondence concerning this matter to the following:

Mandy Pavlakos

Name of Contact Person

Law Office of Mandy Pavlakos, Esq.

Firm/ Company

142 W Lakeview Ave. Suite 2090

Address

Lake Mary, FL 32746

City/ State and Zip Code

Drs@cflsmiles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mandy Pavlakos

Name of Contact Person

at (407) 688-1301

Area Code & Daytime Telephone Number

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

- | | | | |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Central Florida Smiles, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000065 114

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

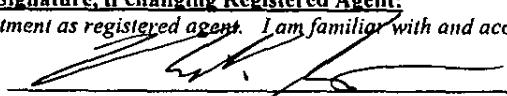
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Dr. Nick Savastano
550 Rinehart Road
(Florida street address)

New Registered Office Address: Lake Mary, Florida 32746
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

X Add	SV	Sally Smith
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Address

Longwood, FL 32779

Longwood, FL 32779

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. 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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

15 FEB 19 AM 7:47

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

Dated 2/11/15

Signature [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)

Nick Stevenson
(Typed or printed name of person signing)

President
(Title of person signing)

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