# P11000007746

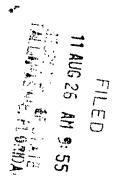
(Rec	questor's Name)	
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#### **COVÉR LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ORLANDO DENT COMPANY, INC.	
DOCUMENT NUMBER:	P11000007746	•
The enclosed Articles of Amendment and f	ee are submitted for filing.	:
Please return all correspondence concerning	g this matter to the following:	•
	Chris Harris	
	Name of Contact Person	
	Chris Harris	
	Firm/ Company	÷ ;
133	87 Glacier National Dr 302	,
,	Address	•
	Orlando, FL 32837	•
	City/ State and Zip Code	. :
CHa E-mail address: (to be	e used for future annual report notification)	1
For further information concerning this mat	tter, please call:	
Chris Harris	at ( 407 ) 859-7503	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:	•
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing F  Certified Copy Certificate of S  (Additional copy is enclosed) Certified Copy  (Additional Co	tatus ·
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	·
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	•

## Articles of Amendment to Articles of Incorporation of

### ORLANDO DENT COMPANY, INC.

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

P	11	n	በ	O	O	n	77	4	F

A. If amending name, enter the new name of the corporation	tion:
	The ne
name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation " name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professional corporatio
B. Enter new principal office address, if applicable:	14225 Nell Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Orlando, FL 32832
	Orialido, PL 32832
	<b></b>
C. Enter new mailing address if anniversely.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14225 Nell Dr 55
	Orlando, FL 32832
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, enter the name of the
	· ·
Name of New Registered Agent: Paul Buche	<u>,                                    </u>
14225 Neil	Dr 💮
New Registered Office Address: (Flo	orida street address)
	. Florida 32832
Orlando	, Florida <u>02002</u>
Orlando (Cir	y) (Zip Code)

## 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)

Title :	Name		Address	Type of Action		
PTSD	KELLY, BRICE	· · ·	401 HINSDALE DR DEBARY, FL 32713	_ □ Add _ □ Remove		
PTS	Bucher, Paul	<b>-</b>	14225 Nell Dr. Orlando, EL 32832	_ ☑ Add _ ☐ Remove		
		<del>-</del> • .		_		
	g or adding additional Articles, tional sheets, if necessary). (Be					
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		_				
provisions	ndment provides for an exchanges for implementing the amendmapplicable, indicate N/A)	ge, recla ent if no	ssification, or cancellation of i t contained in the amendmen	ssued shares, titself:		
	:		<u> </u>			
		· · ·				
•	<u> </u>	·				
	<u> </u>					
	,	·		,		

	٠.				
The date of each amendmen	(a) adaption, 08-23	-2011	÷ .	· · · · · · · · · · · · · · · · · · ·	
Effective date if applicable:	08-23-2011 (d	ate of adoption is	s required)		
	(no more than 90 da	ys after amendme	ent file date)		
	} .				' ÷.
Adoption of Amendment(s)	(CHECK	KONE)			
<ul> <li>✓ The amendment(s) was/we by the shareholders was/w</li> <li>✓ The amendment(s) was/we must be separately provide</li> </ul>	ere sufficient for appro re approved by the sha	oval. areholders throug	h voting groups.	The followi	ing statemen
"The number of votes	cast for the amendmer	nt(s) was/were su	fficient for appro	val .	
by					:
	(voting group)	· · · · · · · · · · · · · · · · · · ·	- <del></del>		
The amendment(s) was/we action was not required.  The amendment(s) was/we action was not required.		,			
Dated_08-2	3-2011	Blu	1		
(By sele	a director, president of octed, by an incorporate ointed fiduciary by that	or – if in th <mark>e</mark> hand	f directors or off is of a receiver, to	icers have n rustee, or ot	ot been her court
	•	Paul Buch	er	t	
	(Typed o	r printed name of	<del>,</del>	<del> </del>	
		Presiden	<u>t</u>		i
	(Title of pers	on signing)		, 1	