OF 008 Page 1 of 1 Division of Corpo

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name	;	FRANK, WEINBERG,	BLACK,	P.L.
Account Number	:	120040000083		
Phone	:	(954)474-8000		
Fax Number	:	(954)474-9850		

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ELITE SMILE DESIGNS INC

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ELITE SMILE DESIGNS INC.

DOCUMENT NUMBER: 011000091398

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

Please return all correspondence concerning this matter to the following:

Anastasias Tom Spyredes

Name of Contact Person

Frank Weinberg & Black, P.L.

Firm/ Company

1800 North Military Trail, Suite 170

Address

Boca Raton, Florida 33431

City/ State and Zip Code

tspyredes@fwblaw.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anastasios Tom Spyredes at (56)) 395-3350 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

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December 5, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

ELITE SMILE DESIGNS INC 2631 NE 14TH AVE R402 FORT LAUDERDALE, FL 33334

SUBJECT: ELITE SMILE DESIGNS INC REF: P11000091398

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H11000273437 Letter Number: 411A00027113



P.O BOX 6327-Tallahassee, Flonda 32314

12/13/2011 10:59 AM FROM: Fax Frank, Weinberg _Black, P.L. TO: 1-850-617-6380 PAGE:

PAGE: 005 OF 008

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Articles of Amendment to Articles of Incorporation of ÉLITE SMILE DESIGNS. INC. (Name of Corporation as currently filed with the Florida Dept. of State) PH S PT1000091398 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following යා මර amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: JOHN G. SARRIS, D.M.D., P.A. 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: 2722 NE 1st Street (Principal office address MUST BE A STREET ADDRESS) Suite I Pompano Beach, FL 33062 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2722 NE 1st Street Suite 1 Ponipano Beach, FL 33062. 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: Frank, Weinberg & Black, P.L. 1800 North Military Trail, Soite 170 (Florida street address) Florida <u>33431</u> New Registered Office Address: Boca Ration (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

Page 1 of 4

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The date of each amendment(s) ad	option: NOVELIBOR 177, 2011	
Effective date in applicable:	(no more than 90 days after amendment fil	s daiv)
Adoption of Amendment(s)	(CHECK ONE)	• • •
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The amendment(s) was/were appr must be separately provided for e	oved by the shareholder's through voting groups. The fa ach voting group entitled to vote separately on the amer	llowing statement udment(s):
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Dated November	12-2014	
selected,	ector, president or other officer if directors or officers' by/an/incorporator if in the hands of a receiver, trusted d fiduciary by that fiduciary)	have not been e, ör other court
Jc	ohn G. Sarris (Typed or printed name of person signing)	
e	resident (Title of person signing)	
	Page 4 of 4	

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