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SECRETARY OF STATE
OF CORPORATIONS
OF STATE
OF S

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S. PRATHE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JARED M. YOUN	IG, D.M.D., P.A.				
DOCUMENT NUM	BER: P11000092186					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	WALTER H. MESSICK					
		Name of Contact Person	n			
	GALVAN MESSICK, PLLC					
	Firm/ Company					
	951 YAMATO RD., SUITE	250				
		Address				
	BOCA RATON, FL 33431					
	City/ State and Zip Code					
	MESSICKW@GALVA	NMESSICK.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:	. 994-5956			
Name of Contact Person		at (Area Co	de & Daytime Telephone Number			
	r the following amount made					
■ \$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				

Articles of Amendment to Articles of Incorporation of

	n as currently filed with the Florida Dept. of State)		
P11000092186			
(Docume)	ent Number of Corporation (if known)		·····
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	amendment	t(s) to
A. If amending name, enter the new name of the corp	poration:		
BRIGHT YOUNG SMILES, P.A.		The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," vord "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the ab "Inc," or "Co". A professional corporation name must c bbreviation "P.A."	breviation	
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	N/A RESS)		
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE BOX)	N/A	17 111 7	SIVISION SEV
). If amending the registered agent and/or registered new registered agent and/or the new registered of NANC OF NOTE OF NANCE OF NEW REGISTERED Agent	d office address in Florida, enter the name of the fice address:	<u> </u>	Bith Bay House
Name of New Registers Agent			₹
	(Florida street address)		
Appendix of the second	(- 15.18.1.51.51.51.51.51.51.51.51.51.51.51.51.5		
New Registered Office Address: N/A	. Florida		

address of each Officer (Attach additional sheets Please note the officer/di P = President: V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lee Mike Jones, V as Remove	and/or E i, if neces, brector titl President Chief ir, Direct in the fo wes the c	virector l sary) le by the j t; T≈ Tre Financial or would llowing n orporatio	Deing added: Sinst letter of the office title: Lasurer; S= Secretary; D= 1 Officer. If an officer/direct be PTD. Lannar. Currently John Doe Lon, Sally Smith is named the	N/A Director; TR= Tr tor holds more the is listed as the F	tirector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ fan one title, list the first letter of each office and Mike Jones is listed as the V. There is hould be noted as John Doe. PT as a Change,
Example: X_Change	PT	John De	<u>je</u>		
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>\$V</u>	Sally S	<u>pìth</u>		
Type of Action (Check One)	Title		Name		Address
1) Change	·····	_	***************************************	****	
Add					
Remove					
2)Change	o	<u>.</u> .	William and Milliam and Milliam and American and American and American and American and American and American	······································	the contract of the second
Add					
Remove					And the state of t
3)Change		-			
Add					
Remove					
4) Change		-		W	
Add					
Remove					
5) Change		•			
Add					Mary the transmission of the course make the transmission of the course
Remove					
б) Change	<u></u>				
Add					

___ Remove

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
If an amendment provides for an exch	unge, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
T.	

N/A	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A	
Effective date if applicable:	Marian Company of the
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	. V.
by	7 55 C
by	三 是常
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	<u> </u>
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	OF STATIONS REPORATIONS PM 4: 17
MAY 3, 2017 Dated	7 5
Dateo	ক
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 con appointed fiduciary by that fiduciary)	
CATHERINE R. YOUNG, D.M.D.	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	