P12000085022

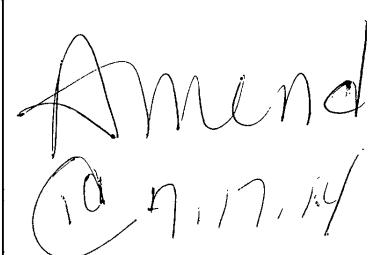
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: OC CONFIDENCE DOCUMENT NUMBER: P1200008562	DENTIAL INC.	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
JUAN HERRERA	A	
	Name of Contact Person	1
OC CONFIDENT	IAL	
423 CORAL WAY	Firm/ Company Y #3	
	Address	·
CORAL GABLES	·····	
	City/ State and Zip Code	e
OCCMIA@AOL.COM E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
JUAN HERRERA	at (305	218-9322
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



OC CONFIDENTIAL INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000085622	
(Document Number of Corporation (if known)	

nendment(s) to

s Articles of Incorporation:		
. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corpor	
Enter new principal office address, if applicable:	423 CORAL W	AY #3
Principal office address <u>MUST BE A STREET ADDRESS</u>)	CORAL GABLES, FL 33134	
. Enter new mailing address, if applicable:	P.O. BOX 1410	54
(Mailing address MAY BE A POST OFFICE BOX)		
	CORAL GABLES	5, FL 33114
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	SS:	ne of the
Name of New Registered Agent JUAN HERRE	RA	-
423 CORAL W	/AY #3	_
(Florida: New Registered Office Address: CORAL GABL	treet address) ES , Florida	33134
10:	v)	(Zip Code)

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

Juan Herrera

Digitally signised by Jush Herrera DN con-Jush Herrera, ch-OC Confidenties, ou email-recomis@sol corn. of US Date: 2014-05-24-09-48-41-04-00*

Signature of New Registered Agent, if changing

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	JUAN HERRERA	423 CORAL WAY #3
Add			CORAL GABLES,FL 33134
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
ANGE OF ADDRESS	
-	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	The second secon

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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):	nt
"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 shareholde action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated JUNE 24, 201	
Signature	
(By a director, president of other officer - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other counappointed fiduciary by that fiduciary)	:
JUAN HERRERA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	