

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2013

DON BIROSCHIK  
DON BIROSCHIK CPA, P.A.  
35 KNIGHT BOXX RD. SUITE 4  
ORANGE PARK, FL 32065

SUBJECT: HARBOUR DENTAL CARE, P.A.  
Ref. Number: P13000052898

We have received your document for HARBOUR DENTAL CARE, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 560363.

On page 4, a signature by a director, president or other officer is required.

560363

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 813A00022481

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Harbour Dental Care, P.A.

DOCUMENT NUMBER: P13000052898

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

Please return all correspondence concerning this matter to the following:

Don Biroschik

Name of Contact Person

Don Biroschik CPA, P.A.

Firm/ Company

35 Knight Boxx Rd. Suite 4

Address

Orange Park, FL 32065

City/ State and Zip Code

don@dbpa.us

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

For further information concerning this matter, please call:

Don Biroschik

Name of Contact Person

at ( 904 ) 276-2262

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
OCT -1 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Harbour Dental Care, P.A.

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

P13000052898

(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:**

Ingram Enterprise, Inc.

*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)

912 Grove Park Court

Jacksonville, FL 32216

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

912 Grove Park Court

Jacksonville, FL 32216

**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

Craig Ingram

912 Grove Park Court

(Florida street address)

New Registered Office Address:

Jacksonville

(City)

Florida 32216

(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.*

R. Craig Ingram  
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:**

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Pres</u>	<u>J. Bradley Hall</u>	<u>35 Knight Boxx Rd. Suite 4</u> <u>Jacksonville, FL 32260</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>J. Bradley Hall</u>	<u>13245 Atlantic Blvd</u> <u>Jacksonville, FL 32260</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Tres</u>	<u>J. Bradley Hall</u>	<u>13245 Atlantic Blvd</u> <u>Jacksonville, FL 32260</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Dir</u>	<u>J. Bradley Hall</u>	<u>13245 Atlantic Blvd</u> <u>Jacksonville, FL 32260</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pres</u>	<u>Craig Ingram</u>	<u>912 Grove Park Court</u> <u>Jacksonville, FL 32216</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

Article III

Any and All Lawful Business

**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)*

N/A

The date of each amendment(s) adoption: 9/15/2013, if other than the date this document was signed.

Effective date if applicable: 9/15/2013  
(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 9-30-13

Signature R. Craig Ingram  
(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)

R. Craig Ingram  
(Typed or printed name of person signing)

President  
(Title of person signing)