Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	TO					:		

Division of Corporations : (850)617-6380

Fax Number

From:

Account Name : KIM MARKS CPA Account Number : I20120000072 Phone : (305)895-5815 Fax Number : (305)895-6273

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Email	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN ADVANCED ENDODONTIC CARE OF SOUTH FLORIDA, INC.

Certificate of Status	0
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Page Count	04
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Articles of Amendment Articles of Incorporation

ADVANCED ENDODONTIC CARE OF SOUTH FLORIDA INC

ADVANCED ENDODONNO ONNE OF GOOTH LONG	57 <u>(11</u> 4 C)
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000067788	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	:
ADVANCED ENDODONTIC CARE, INC.	The

orp.," "Inc.," or Co.," or the designation "ord" or the designation "ord" chartered," "professional association," or		stonai corporat	ion name musi co	niain ine
Enter new principal office address, if applic		:		
incipal office address <u>MUST BE A STREET</u>	ADDRESS)	•		
		:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
		• :		
		•		
<u>If amending the registered agent and/or region registered agent and/or the new registered</u>		enter the name	of the	1.41
Name of New Registered Agent				APR
		•		မှ
	(Florida street address)	:		P.
	(1 fortun sir set unur ess)			
New Registered Office Address:	(Clty)	, Florida	(Zip Code)	111:47

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 03/05

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.

X Change	<u>PT</u>	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	Address
1) Change			
Add Add			
Remove			<u>. :</u>
2) Change			
Add			
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			!
6) Change		·	
Add			
Remove			

	icles, enter change (Be specific)			
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•	hange, reclassificat	ion, or cancellatio	n of issued shar	es.
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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 by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by(voting group)	3)
(voting group)	
The amendment(s) was/were adopted by the board of directo action was not required.	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators wi	thout shareholder action and shareholder
action was not required.	
Dated4/9/14	<u> </u>
Signature Maze of	u Shela
(By a director, president or other of	ficer - if directors or officers have not been
selected, by an incorporator if in t appointed fiduciary by that fiduciar	the hands of a receiver, trustee, or other court
	Printed name of person signification
(Typed or	printed name of person signifig)
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	litle of person signing)