P14000001315

(R	Requestor's Name)
· (Ā	ddress)	
<u> </u>	Address)	
(0	City/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	nme)
(C	Occument Number	7)
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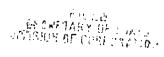
V HERRING MAR 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE	ON: AFFORDABLE B	RACES OF NORTH FLOI	RIDA, P.A.
DOCUMENT NUMBER:	D14000001215		
The enclosed Articles of Articles	nendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
W. 1	HENRY O'CONNELL		
		Name of Contact Persor]
W.F	I. O'CONNELL & ASSO	CIATES, P.A.	
		Firm/ Company	
282:	LEWIS SPEEDWAY,	SUITE 104	
1		Address	
ST A	AUGUSTINE, FL 32084		
		City/ State and Zip Code	e
HENRY@	WHOCPA.COM		
		sed for future annual report	notification)
For further information con W. HENRY O'CONNELL		se call:at (904	829-0082
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
Enclosed is a check for the			•
\$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)
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



2017 MAR 13 PM 1:05

AFFORDABLE BRACES OF NORTH FLORIDA, P.A.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P14000001315	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ST. JOHNS ORTHODONTICS, P.A.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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	<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	<u>Addres</u> s
1) Change			
Add			
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).	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amandmant nuccides for an eval	sharge realessification or same llation of issued shares
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
1/1/2017 Effective date if applicable:	
(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 date document's effective date on the Department of State's records.	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(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):	ı
"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.	
3/7/2017 Dated	
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 court appointed fiduciary by that fiduciary)	
JASON P. OUELLETTE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	