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C. LEWIS JUN 4 2014 EXAMINER

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TYRONE SQUARE MALL DENTAL, PA

TYPE OF FILING: AMENDMENT

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## **COVER LETTER**

to a transfer and the commence and the commence of the commenc

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TYRONE SQUARE MALL DENTAL, P.A.				
	ER: P1400001380			
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
Rostislav Krasnov				
_		Name of Contact Person	1	
-	TYRONE SQUARE MALL DENTAL, P.A.			
		Firm/ Company		
	6747 TYRONE S	QUARE		
_		Address		
ST. PETERSBURG, FL 33710				
		City/ State and Zip Cod	e	
rkra	snov@yahoo.coi	m		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
		at (	de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Amen Divisi P.O. I	ng Address Idment Section Idment Sec	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301	

AND FILED

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## Articles of Amendment to Articles of Incorporation of

ing the control of th

SEURETARY OF STATE TALLAMASSEE. LERGA

TYRONE SQUARE MALL DENTAL, P.A.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P14000013808	·
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.;" "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal office dauress MOST BE A STREET ADDRESS)	
•	
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 address	s in Florida, enter the name of the
new registered ag ent and/or the new registered of fice address:	
Name of New Registered Agent	
	<del></del>
(Florida stree	t 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 wi	th and accept the obligations of the position.
(D)	and M. L. market
Signature of New Registered Ag	eni, ii 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:

AND A COURT OF REPORTED THE SECOND SECOND PROPERTY OF THE SECOND SECOND

(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 Doc		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	Р	Rostislov Kransov	17555 Collins Avenue	
Add			Suite 2401	
Remove			Sunny Isles Beach, FL	
2) Change	Р	Rostislav Krasnov	17555 Collins Avenue	
Add			Suite 2401	
Remove			Sunny Isles Beach, FL	
3) Change				
Add				
Remove		•	· · · · · · · · · · · · · · · · · · ·	
4) Change		·		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Re specific)
tach duamonus sheets, y hecessury).	(De specific)
	A
<u>if an amendment provides for an exch</u>	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij not applicable, thatcale :VA)	

Paradoki ara ali soni kironi na amazari kan amazamisa immontambakeharen kironi ni s ANC FILEC

14 JUN -3 AH II: 00

SECRETARY OF STATE TALEAPASSEE, FLORIDA

The date of each smendment(s) date this document was signed.	adoption	, if other than the
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amondment(s)	(CHECK ONE)	
The amendment(s) was/were aby the chareholders was/were	dopted by the shareholders. The number of votes cost for the omendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	n for the amendment(s) was/were sufficient for approval	
by	(voling group)	
•	(voting group)	
The amendment(s) was/wore se uction was not (equired.	opted by the board of directors without shateholder action and shateholder	
The amendment(s) was/were no action was not required.	lopted by the incorporators without shareholder action and shareholder	
DatedJu	ne 2, 2014	
Signature		_
se)cot	director, president or other officer if directors officers have not been ed, by an incorporator - if in the lands of a receiver, trustee, or other court need fiduciary by that ilduciary)  REASNO	
•	(Typed or printed nume of person signing)	<del></del> -
•	President	_
	(Title of opreon signing)	