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| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document 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 CORPOR | RATION: Stuart Family Der | ntistry Inc | | | | |
|--|---|---|--|--|--|--|
| | BER: P14000054706 | | | | | |
| The enclosed Articles | of Amendment and fee are so | ubmitted for filing. | | | | |
| Please return all corre | spondence concerning this ma | atter to the following: | | | | |
| | Daniel M. Casel, D.M.D | | | | | |
| | | Name of Contact Perso | n | | | |
| | Stuart Family Dentistry Inc | | | | | |
| | Firm/ Company | | | | | |
| | 2385 S.E. Federal Highway | | | | | |
| | Address | | | | | |
| | Stuart, FL 34994 | | | | | |
| | | City/ State and Zip Cod | e | | | |
| docci | sel@aol.com | | | | | |
| | | sed for future annual report | notification) | | | |
| For further information Daniel M. Casel, D.M. | n concerning this matter, plea | | 686-2077 | | | |
| Name of Contact Person | | at (at (| de & Daytime Telephone Number | | | |
| | r the following amount made | | | | | |
| \$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 Articles of Incorporation of

FILED 18 JUN 26 AH 7: 54

Stuart Family Dentistry Inc (Name of Corporation as currently filed with the Florida Dept. of State) P14000054706 (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: 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." 2385 S.E. Federal Highway B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Stuart, FL 34994 C. Enter new mailing address, if applicable: 2385 S.E. Federal Highway (Mailing address MAY BE A POST OFFICE BOX) Stuart, FL 34994 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 2385 S.E. Federal Highway (Florida street address) New Registered Office Address: Stuart Florida (City) 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

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> | <u>Name</u> | Address | |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| 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) | . If amending or adding additional Arti- (Attach additional sheets, if necessary). | (Be specific) |
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| provisions for implementing the amendment if not contained in the amendment itself: | | |
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| (if not applicable, indicate N/A) | provisions for implementing the amer | ndment if not contained in the amendment itself: |
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| date this document was signed. | | |
|---|--|---|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file da | ite) |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirement and State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the a efficient for approval. | mendment(s) |
| ☐ The amendment(s) was/were approvided for | proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm | ving statement vent(s): |
| "The number of votes east | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and | i shareholder |
| ☐ The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and sha | reholder |
| Dated Oc 2 |)/Jag | |
| Signature | $)$ \mathcal{O}_{Co} | |
| selecte | irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of the fiduciary by that fiduciary) | |
| | OANIEL CASEL (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | PRESIDEM | · • • • • • • • • • • • • • • • • • • • |
| | (Title of person signing) | |