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SECRETARY OF STATE
DIVISION OF CONFORALIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2015

CORDICA DENTAL DESIGNS INC 1410 BETH PAGE CT BRANDON, FL 33511 US

SUBJECT: CORDICA DENTAL DESIGNS INC

Ref. Number: P14000071270

We have received your document for CORDICA DENTAL DESIGNS INC 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 115A00003799

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elizabeth Venez, DMD

Name of Contact Person CORLICA DEVTAI DISMIS

Firm/Company

74/0 BETA PAGE CA.

Address ElizabetHPEREZOMD @ EWail-com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PENOZ, DMD at (941) 536 12 15

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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 PS: Check WAS Enclosed On PrELIOUS LETTER AND WAS NOT RETURN ON This current

Articles of Amendment

SECRETARY OF STATE DIVISION OF CORPORATIONS

to
Articles of Incorporation

15 MAR 10 PM 1:53

CORDICA Dent	15 MAR 10 111
	Al DESigns.
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
<u> </u>	1.10
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
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 "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	220 W Brandon Bhl
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Brandon, FP. 3351)
C. Enter new mailing address, if applicable:	MID BELL PAGE AND
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Brandon, TI 3351)
	,
D. If amending the registered agent and/or registered office addres	re in Elevide and the many of the
new registered agent and/or the new registered office address:	ss in Fibrius, enter the name of the
Name of New Registered Agent	PEROZ
1910 BETH PA	LOE COUNT, Bradon, TA
Brand or	337/1
New Registered Office Address: (City)	, Florida 335 // (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wit	n and accept the obligations of the position.
Signature of New Registered Ag	ent. if changing
	, y -

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.

Eyample: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Fr Change	<u>P</u>	ESTEBAN ASTUDILLO VIOLANTE	6320 15TH STREET EAST
Add X Remove			SARASOTA, FL 34243
2) Change	P	ELIZABETH PEREZ DIAZ	1410 BETH PAGE CT
X Add			BRANDON, FL 33511
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)				
ELIZABETH PEREZ DIAZ IS OWNER OF 100% ISSUED SHARES				

The	date of each amendment	(s) adoption: JANUARY 2, 2015	if other than the
date this document was signed . Effective date <u>if applicable</u> :		JANUARY 2, 2015	FILED SECRETARY OF STAFL DIVISION OF CORPORATIONS
	THE PLANTAGE OF THE PARTY OF TH	(no more than 90 days after amendment file d	
Ade	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for ap	ere adopted by the members and the number of votes east oppoval.	for the amendment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendirectors.	dment(s) was/were
	Dated FE	BRUARY 5, 2015	
	have r	chairman or vice chairman of the board, president or other not been selected, by an incorporator – if in the hands of a r	
		BE/TH PEREZ DIAZ, DMD	
		(Typed or printed name of person signing)	
	PRESI	DENT (Three or person signing)	