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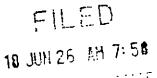
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Premier Dentistry	of Jupiter Inc	
DOCUMENT NUN	IBER: P15000030096		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Daniel M. Casel, D.M.D		
		Name of Contact Perso	n
	Premier Dentistry of Jupiter	Inc	
		Firm/ Company	···
	1001 W. Indiantown Road, S	uite No. 106	
		Address	
	Jupiter, FL 33458		
		City/ State and Zip Cod	e e
doce	casel@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Daniel M. Casel, D.	M.D	at (	686-2077
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Premier Dentistry of Jupiter Inc

(Name of Corpo	ration as currenti	y med with the Piorida Dept. of State)
P15000030096		
(Do	cument Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:	
		The new
	orp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1001 W. Indiantown Road, Suite No. 106
		Jupiter. FL
		33458
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1001 W. Indiantown Road, Suite No. 106
		Jupiter, FL
		33458
D. If amending the registered agent and/or reginew registered agent and/or the new register		
Name of New Registered Agent		
	V. Indiantown (Florida str	Road, Suite No. 106 vet address)
New Registered Office Address: Jupite:	r	. Florida 33458
		(City) (Zip Code)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				<del></del>
Remove				
6) Change		_		W. C.
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)			(Be specific)	adding additional Artic of sheets, if necessary).	Attach additional si
provisions for implementing the amendment if not contained in the amendment itself:	<del>,</del> .				
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provisions for implementing the amendment if not contained in the amendment itself:					
provisions for implementing the amendment if not contained in the amendment itself:					
provisions for implementing the amendment if not contained in the amendment itself:		1. or cancellation of issued shares.	nge, reclassifica	t provides for an excha	lf an amendment p
		ned in the amendment itself:	dment if not cor	mplementing the amen-	provisions for imp
			-	_	
			·		
					16.

The date of each amendment(s) addate this document was signed.	option:, if other than th
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory tiling requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	ted by the incorporators without shareholder action and shareholder
Dated Xd 2	(208)
Signature	) ( ) ( )
selected	by an incorporator – if in the hands of a receiver, trustee, or other court diduciary by that fiduciary)
_	Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	RESIDENT
	(Title of person signing)