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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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AUG 07 2015

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Children | and Teen Dental Group of Florida, P.A. |
|---|--|
| DOCUMENT NUMBER: P1 5000 | and Teen Octial Group of Florida, P.A. |
| | |
| The enclosed Articles of Amendment and fee are sul | bmitted for filing. |
| Please return all correspondence concerning this mai | tter to the following: |
| Kura | Williamson |
| | Name of Contact Person |
| <u> </u> | Firm/ Company |
| 1360 Peacht | rec street, Suite 1050 |
| | ta, 6A 30309 City/ State and Zip Code |
| | City/ State and Zip Code |
| E-mail address: (to be us | Son @ Slavage law. com sed for future annual report notification) |
| For further information concerning this matter, pleas | se call: |
| Kara williamson | at (404) 351-5280 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: |
| \$35 Filing Fee | Certified Copy (Additional copy is cnclosed) Captified Copy (Additional Copy is cnclosed) Captified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section | Street Address Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

HEED

| Children and Te | en Dontal Group of Floridae MRAS AM 8: 47 |
|--|--|
| \ \ | orporation as currently filed with the Florida Dept. of State) |
| | P1500004270 TALLAHASSEE, FLORIDA |
| | (Document Number of Corporation (if known) |
| rsuant to the provisions of section 607.100 Articles of Incorporation: | 6, Florida Statutes, this Florida Profit Corporation adopts the following amendmen |
| If amending name, enter the new name | of the corporation: |
| | The new |
| Corp.," "Inc.," or Co.," or the designation or chartered," "professional association | |
| Enter new principal office address, if a rincipal office address MUST BE A STRI | |
| | |
| | |
| Enter new mailing address, if applicab | |
| (Mailing address MAY BE A POST OF) | FICE BOX) |
| | |
| | |
| | annested and affine address to Charles and a discourse of the |
| If amending the registered agent and/o new registered agent and/or the new re | |
| new registered agent and/or the new re | |
| | |
| new registered agent and/or the new re | |
| new registered agent and/or the new re | egistered office address: |

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 | PT John Doe | |
|----------------------------|--------------------------|--------------------------|
| X Remove | V Mike Jones | |
| <u>X</u> Add | SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change | D Dr. Nancy Montgomery | 225 Imperial Bowlevard |
| Add | | Lakaland, PL 33803 |
| X Remove | | |
| 2) Change | DPS or Maggie Michael | 521 Enclare CIV. E |
| _X_ Add | | Pembrola Pines, 72 33027 |
| Remove | | |
| 3) Change | | |
| Add | | |
| Remove | | |
| 4) Change | | |
| Add | | |
| Remove | | |
| 5) Change | | |
| Add | | |
| Remove | | |
| 6) Change | | |
| Add | | |
| Remove | | |

| | | | • | | If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | |
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| provisio | endment provides for some for implementing that the source of the source | <u>he amendment if n</u> | ssification, or cand ot contained in the | ellation of issued s amendment itself | hares. | | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|----------------------------------|
| date this document was signed. | |
| 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 document's effective date on the Department of State's records. | s date 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 by the shareholders was/were sufficient for approval. | ent(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s): | lemeni |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required. | older |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | г |
| Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other officers.) | |
| appointed fiduciary by that fiduciary) | |
| Nancy Montgomery (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| pirector | |
| (Title of person signing) | |