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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| · (Ad | ldress) | |
| (Ac | idress) | · . |
| (Cir | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | ON: BORIS LIPOVETS | SKIY, D.M.D., P.A | |
|--|---|---|--|
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of An | | bmitted for filing. | |
| Please return all correspond | ence concerning this mat | ter to the following: | |
| JEFF | FREY J. GALVAN, ESQ | ı | |
| | | Name of Contact Persor | |
| GAL | VAN MESSICK, LLP | | - |
| | WAN MESSICK, EEI | | |
| | | Firm/ Company | |
| 951 | YAMATO RD., SUITE 2 | 250 | |
| | | Address | |
| BOC | A RATON, FL 33431 | | |
| | | City/ State and Zip Code | : |
| JGALVAN | l@GALVANMESSICK. | СОМ | |
| | • | ed for future annual report | notification) |
| | • | • | , |
| For further information cond | cerning this matter, pleas | e call: | |
| | | | |
| JEFFREY J. GALVAN, ES | SQ | 561 | 994-5956 |
| Name of Contact Person | | Area Co- |) 994-5956 de & Daytime Telephone Number |
| Enclosed is a check for the | following amount made p | payable to the Florida Depa | rtment 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) |
| 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 to Articles of Incorporation of

to

BORIS LIPOVETSKIY, D.M.D., P.A.

| (Name of Corporati | on as currently filed with the Florida Dept. of State) |
|--|--|
| | P15000074162 |
| (Docun | ent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the co | rporation: |
| ADVANCED DENTAL WELLNESS CENTER, P.A | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the | d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable | not applicable |
| (Principal office address MUST BE A STREET ADD | |
| | |
| | |
| C. Enter new mailing address, if applicable: | not applicable |
| (Mailing address <u>MAY BE A POST OFFICE BO</u> | <u> </u> |
| | |
| | |
| D. If amending the registered agent and/or register | ed office address in Florida, enter the name of the |
| new registered agent and/or the new registered | |
| Name of New Registered Agent not applicab | le |
| | |
| | (Florida street address) |
| New Registered Office Address: | le . Florida |
| The stage of the s | (City) (Zip Code) |
| | |
| Navy Davistans J. Association Comments of the continue Davis | |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | I am familiar with and accept the obligations of the position. |
| | _ |
| | |
| Sion | nture 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.

| <u>X</u> Change | PT | John Do | <u>e</u> | |
|-------------------------------|-----------|-------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 12011070 | | | | |

| E. If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| not applicable | |
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| F. If an amendment provides for an exch provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | MANUAL MA |
| not applicable | |
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| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|--|--|------------------------------|
| , , | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | (no more than 70 days after amenament file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date epartment of State's records. | te will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were as by the shareholders was/were | dopted by the shareholders. The number of votes east for the amendment(sufficient for approval. |) |
| | oproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes cas | et for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were acaction was not required. | dopted by the board of directors without shareholder action and shareholde | r |
| ☐ The amendment(s) was/were action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| JUNE 29 Dated | 48.50 | |
| Signature | Boris Zapovetsking | |
| select | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) | l |
| | BORIS LIPOVETSKIY, D.M.D., | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |