## P16000034658

(Re	questor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	PREMIER DE	NTISTRY OF E	BOYNTO	N B	EACH, INC.
DOCUMENT NUMBER:	P1600003	9658	Address .		
The enclosed Articles of Amena	Iment and fee are sub	omitted for filing	<b>.</b>		
Please return all correspondence	concerning this mat	ter to the followi	ing:		
	DANIEL M. CAS	SFI			
***************************************		Name of Con	tact Person		
	PREMIER DENTISTRY OF FLORIDA, INC				
	PREMIER DE			1, IIV	<del></del>
	Firm/ Company				
1001 W. INDIANTOWN ROAD, SUITE NO. 106					D. 106
Address					
JUPITER, FL 33458					
City/ State and Zip Code					
	DOCCASEL(	@AOL.COM			
E-m	ail address: (to be us	ed for future ann	ual report	notif	cation)
For further information concerning this matter, please call:					
DANIEL M. CAS	<u>EL</u>	at (		_)_	686-2077
Name of Contact	Person		Area Co	de &	Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	3.75 Filing Fee & ertificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	рy	(	S52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)
Mailing Addr Amendment S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		Divisio Clifton 2661 E	lment on of ( Build xecut	Section Corporations

## **Articles of Amendment** to Articles of Incorporation of

	Y OF BOYNTON BEACH, INC.
(Name of Corporati	tion as currently filed with the Florida Dept. of State)
	6000039658
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The Edew
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	le:
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	107 P
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent	ered office address in Florida, enter the name of the doffice address:
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	I am familiar with and accept the obligations of the position.
Sigr	nature 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 <math>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.

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>	<u>Addres</u> s
1) Change	P	DANIEL M. CASEL	-8531 SE BRISTOL-WAY
Add			JUPITER, FL 33458
X Remove			
2) Change	Р	PREMIER DENTISTRY OF FLORIDA, INC	1001 W. INDIANTOWN ROAD
× Add			SUITE NO. 106
Remove			JUPITER, FL 33458
3) Change			
Add			4.4.5.4.3.3.4.4.4.3
Remove			
4) Change			•
Add			
Remove			
5) Change		<u> </u>	A STANSON OF THE STAN
Add			
Remove			****
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
741	
***************************************	
	-
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:
	<del>.</del>

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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DatedJUNE_ 20 206	
Signature D - D C	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed redoming by that inductory)	
DANIEL M. CASEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>