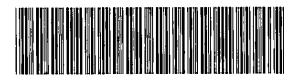


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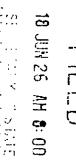


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R. VVHITE JUN 27 2018



COVER LETTER

TO: Amendment Section Division of Corporations

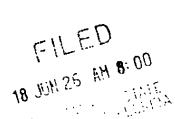
Tallahassee, FL 32314

NAME OF CORPORATION: Premier Dentistr	y of Boynton Beach Inc		
DOCUMENT NUMBER: P16000039658			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Daniel M. Casel, D.M.D			
	Name of Contact Person		
Premier Dentistry of Boynt	Premier Dentistry of Boynton Beach Inc		
	Firm/ Company		
10075 Jog Road, Suite No.	102		
	Address		
Boynton Beach, FL 33437			
	City/ State and Zip Code		
doccasel@aol.com			
•	used for future annual report notification)		
•	,		
For further information concerning this matter, ple	ase call:		
Daniel M. Casel, D.M.D	at () 686-2077		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	e payable to the Florida Department of State:		
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Premier Dentistry of Boynton Beach Inc (Name of Corporation as currently filed with the Florida Dept. of State) P16000039658 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 10075 Jog Road, Suite No. 102 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Boynton Beach, FL 33437 C. Enter new mailing address, if applicable: 10075 Jog Road, Suite No. 102 (Mailing address MAY BE A POST OFFICE BOX) Boynton Beach, FL 33437 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 10075 Jog Road, Suite No. 102 (Florida street address) New Registered Office Address: Boynton Beach Florida 33437 (City) 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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<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				
Remove				
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Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated OC 99	Law
Signature Signature	20
selecte	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT (Title of the state o
	(Title of person signing)