P1600051478

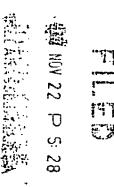
(Requestor's Name)
(Address)
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,
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Erickson Dental Signly, Fixed DOCUMENT NUMBER: P16000051478					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person CICKSON DENTAL SUPPLY, INC Firm/Company 9/00 5. dareland Block #1500 Address M.c.m. FL 33156 City/ State and Zip Code E-mail address: (to be used for Jurure annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (786) 518-5687 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Co					

Mailing Address

TO: Amendment Section

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

Erickson Dental Supply	, Tar
(Name of Corporation as current)	y filed with the Florida Dept. of State)
PHOCKED 512178	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	Λ
<i>۸) / إ</i>	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or " word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1408 E Fletcher Ave Tampa Ave FL 33612
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9100 S. Ladeland Blud Suite 1500 Micmi FL 33186
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent 9/00 5 - Loce/ (Florida street New Registered Office Address: New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New R.	egistered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT Joh	in Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) X Change	<u>V2</u>	Erichson	livares, Agus	tin 2,51
, Add			·	11961 SN 945+
Remove		<i>y</i>	•	M.cni: FL 33186
2) Change	2	Elicze (Jurc 9	419 SK: Lake D1
Add				Jesup GA 31545
Remove 3) Change	Dic	Nancy	Torres	11961 SW 94 St
Add		,		11961 SU 94 St Micm: FL 33186
Remove				
4) Change	<u>P</u> 2	Eliezer N	Garcia	2/19 SK: Lake D1 Jesup, 6A 31545
X Add				Jesup, 6A 31545
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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,	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	
-	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sh	nareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareh	oolder
Dated//_ Signature	20/17 ~ C/A	
(By a	firector, president of other officer - if directors or officers have t	
	ed, by an incorporator — if in the hands of a receiver, trustee, or o need fiduciary by that fiduciary)	
	Erickson L. Agystin (Typed or printed name of person signing) President	
	Part Lend	
	(Title of person signing)	