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R. WHITE JUN 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: Premier Dentistry	of Florida Inc		
DOCUMENT NUM	BER: P16000052117			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Daniel M. Casel, D.M.D			
		Name of Contact Perso	n	
	Premier Dentistry of Florida	Inc		
		Firm/ Company		
	18137 Palm Point Drive			
		Address		
	Jupiter, FL 33458			
		City/ State and Zip Cod	e	
docc	asel@aol.com			
	3	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Daniel M. Casel, D.N	1.D	at (686-2077	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
12111		Divido	or outportations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 18 JUN 26 AM 7: 59

Premier Dentistry of Florida Inc	SERVICE STATE
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000052117	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	18137 Palm Point Drive
Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL
	33458
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18137 Palm Point Drive
	Jupiter, FL
	33458
If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address.	
Name of New Registered Agent	
18137 Palm Point D	Prive
· · · · · · · · · · · · · · · · · · ·	treet address)
New Registered Office Address: Jupiter	, Florida33458
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
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 Doe			
X Remove	<u>V</u>	Mike Jon	<u>es</u>		
X Add	<u>sv</u>	Sally Smi	<u>th</u>		
Type of Action (Check One)	<u>Title</u>	Ī	<u>Name</u>		Address
1) Change				_	
Add				-	
Remove					
2) Change	·-	_ <i>-</i>		_	·
Add				-	
Remove				-	
3) Change				_	<u> </u>
Add				_	
Remove				-	
4) Change				_	
Add				_	
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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-	
f an amandment arouider for an arch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
-	
-	

The date of each amendment(s) adoption date this document was signed.	n:	if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date ent 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 was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
Dated Oct 2a 201 Signature	-DG0	
selected, by a	r. president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	