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### Winter Law Firm

PROFESSIONAL ASSOCIATION
310 THIRD STREET
NEPTUNE BEACH, FLORIDA 32266

W ALAN WINTER awinter@winterlawfirm.com

TELEPHONE (904) 242-0222 FAX (904) 242-7051

Wednesday, November 16, 2016

To the Director,
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

Case:

904 Smiles, Inc.

**Document No.:** 

P16000067259

To the Director:

Enclosed please find the articles of amendment to articles of incorporation of 904 Smiles, Inc. Also enclosed is the consent of the officer being removed from the corporation. Finally, we are enclosing my firm's check for the filing fee and Certificate of Status which should be mailed back to this office.

Thanking you in advance for your prompt consideration of this matter.

Since rely,

W. Alan Winter, Esquire

Fla. Bar No. 398713

WAW/rd

Enclosures:

Art of Amendment

Consent Check #3468

Cc:

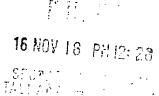
D. Martin, PVpTS

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: 904 Smiles, Inc.  |   |  |  |  |
|--|---|--|--|--|
| DOCUMENT NUMBER: P16000067259  |   |  |  |  |
| The enclosed Articles of Amendment and fee are subm  | nitted for filing.  |  |  |  |
| Please return all correspondence concerning this matte   | r to the following:   |  |  |  |
| W. Alan Winter, Esquire  |   |  |  |  |
| Winter Law Firm  | Name of Contact Person  |  |  |  |
| WIRELEAW FIIII   |   |  |  |  |
|  | Firm/ Company   |  |  |  |
| 310 Third Street   |   |  |  |  |
|  | Address   |  |  |  |
| Neptune Beach, Florida, 32266  |   |  |  |  |
|  | City/ State and Zip Code  |  |  |  |
| awinter@winterlawfirm.com  |   |  |  |  |
| _  | for future annual report notification)  |  |  |  |
| L-man address. (to be used   | Tot future aimual report notification)  |  |  |  |
| For further information concerning this matter, please call:                                   |   |  |  |  |
| W. Alan Winter, Esquire  | at (904 242-0222  |  |  |  |
| Name of Contact Person   | 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  | 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



| 904 Smiles, Inc.   |                                   |                         | 是以AMA (1967)   |
|--|-----------------------------------|-------------------------|--|
| (Name e  | of Corporation as currently       | filed with the Florida  | Dept. of State)  |
| 904 Smiles, Inc.   |                                   |                         |  |
|  | (Document Number of               | Corporation (if known)  | the state of the s |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this F    | lorida Profit Corporati | on adopts the following amendment(s) to  |
| A. If amending name, enter the new na  | ame of the corporation:           |                         |  |
| n/a  |                                   |                         | The new  |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or "C        | Co". A professional co  | corporated" or the abbreviation  |
| B. Enter new principal office address,<br>(Principal office address <u>MUST BE A S</u>                               |                                   | Not changed.            | · · · · · · · · · · · · · · · · · · ·  |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)  |                                   | Not changed.            |  |
| D. If amending the registered agent an new registered agent and/or the new   | v registered office address:      |                         | e name of the  |
| Name of New Registered Agent   | Derek A. Martin, Registered Agent |                         |  |
|  | 1447 Mayport Road, Suite          | 3                       |  |
|  | (Florida stre                     | et address)             |  |
| New Registered Office Address:   | 1447 Mayport Road, Suite 3        | s, Jacksonville         | , Florida 32233  |
| nen registred office riddress.   |                                   | City)                   | (Zip Code)   |

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.

| X Change                      | PT Joh                | n Doe           |                        |
|-------------------------------|-----------------------|-----------------|------------------------|
| X Remove                      | <u>V</u> <u>Mil</u>   | <u>ke Jones</u> |                        |
| X Add                         | <u>SV</u> <u>Sali</u> | ly Smith        |                        |
| Type of Action<br>(Check One) | <u>Title</u>          | <u>Name</u>     | <u>Addres</u> s        |
| 1) X Change                   | P                     | Derek A. Martin | 12654 Gandalf Lane     |
| Add                           |                       |                 | Jacksonville, FL 32225 |
| Remove                        |                       |                 | <del> </del>           |
| 2) Change                     | <u>s</u>              | Derek A. Martin | 12654 Gandalf Lane     |
| Add                           |                       |                 | Jacksonville, FL 32225 |
| Remove                        |                       |                 |                        |
| 3) Change                     | T                     | Derek A. Martin | 12654 Gandalf Lane     |
| x Add                         |                       |                 | Jacksonville, FL 32225 |
| Remove                        |                       |                 |                        |
| 4) Change                     |                       |                 |                        |
| Add                           |                       |                 |                        |
| Remove                        |                       |                 |                        |
| 5) Change                     |                       |                 | ·                      |
| Add                           |                       |                 |                        |
| Remove                        |                       |                 |                        |
| 6) Change                     |                       |                 |                        |
| Add                           |                       |                 |                        |
| Remove                        |                       |                 |                        |

|  | (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:  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and and an and an angel is the amendment itself:  |

|   | November 15, 2016   |  |
|---|---|--|
| The date of each amendment(s) ad date this document was signed.               | option:   | , if other than the                              |
|   | ember 15, 2016  |  |
| Effective date <u>if applicable</u> :   | (no more than 90 days after amendmen  | nt file date)                                    |
| Note: If the date inserted in this bl<br>document's effective date on the Dep | ock does not meet the applicable statutory filing repartment of State's records.                          | equirements, this date will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |  |
| The amendment(s) was/were ado by the shareholders was/were suf                | pted by the shareholders. The number of votes cast fficient for approval.                                 | for the amendment(s)                             |
|   | roved by the shareholders through voting groups. The each voting group entitled to vote separately on the |  |
| "The number of votes cast i   | or the amendment(s) was/were sufficient for approve   | al   |
| by  | (voting group)  | "·   |
|   | (voting group)  |  |
| ☐ The amendment(s) was/were ado action was not required.                      | pted by the board of directors without shareholder ac   | ction and shareholder                            |
| The amendment(s) was/were adopaction was not required.                        | pted by the incorporators without shareholder action  | and shareholder                                  |
| November :<br>Dated   | 5, 2016   |  |
|   | 70.   |  |
| Signature   | Di-d  | <u> </u>   |
|   | rector, president or other officer - if directors or offi   |  |
|   | , by an incorporator – if in the hands of a receiver, tr  | rustee, or other court                           |
| appoint   | ed fiduciary by that fiduciary)   |  |
|   | Derek A. Martin   |  |
| •   | (Typed or printed name of person signing  | (1)  |
|   | President, Vice-President, Secretary, Treasurer   |  |
| -   | (Title of person signing)   | <del></del>                                      |

## CONSENT TO AMENDMENT OF ARTICLES OF INCORPORATION FOR 904 SMILES, INC.

I, Jessy L. Jones, having previously been named as President for 904 Smiles, Inc. at the place designated in the Articles of Incorporation of 904 Smiles, Inc., having previously had a claim for shares of said corporation, but having now received good and due consideration to have my name removed as President and further relinquishing any and all rights to shares of stock or other interest in 904 Smiles, Inc. and as confirmed below, I hereby consent to the amendment of the Articles of Incorporation of 904 Smiles, Inc. removing my name as an officer, director or shareholder of said corporation as of this date.

Dated in Jacksonville, Duval County, Florida, on this day of November, 2016.

Jessy L. Jones, as prior President

Jessy L. Jones, as prior Shareholder