## P17000074459

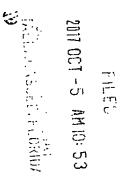
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: DEBARY DENTA	AL PA	
DOCUMENT NUM	BER: P17000074459		
	of Amendment and fee are so	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	DALIA CANTOR		
		Name of Contact Perso	n
	CPA SOLUTIONS, INC		
		Firm/ Company	
	605 EAST ROBINSON ST	4450	
		Address	
	ORLANDO, FL 32801		
		City/ State and Zip Cod	le
JONA	ATHAN@MYCPASOLUTIO	NS.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
DALIA CANTOR		407	650-9088
Name of Contact Person		at ( 407 ) 650-9088  Area Code & 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 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

FILED

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DEBARY DENTAL, P.A.	
(Name of Corporation as curren	itly filed with the Florida Dept. of State) HAS TELL FLORID.
P17000074459	ون المالية
(Document Number	of Corporation (if known)
fursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
DEBARY DENTISTRY, P.A.	The new
name must be distinguishable and contain the word "corporati "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
B. Enter new principal office address, if applicable:	190 N CHARLES RICHARD BEALL BLVD #101
(Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
). If amending the registered agent and/or registered office add	fress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>is:</u>
Name of New Registered Agent	
H Torida Si	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
iew Registered Agent's Signature, if changing Registered Agen	<b>.</b>
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position
, , , , , , , , , , , , , , , , , , , ,	with and decept the onligations by 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:

t. 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	$\overline{\lambda}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<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			
6) Change			
Add			
Remove			

•	(Be specific)				
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an amendment provides for an exchorovisions for implementing the ame  (if not applicable, indicate N/A)	nange, reclassificati indment if not cont:	on, or cancellati	on of issued shandment itself:	res.	
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OCTOBER 2, 2017	
The date of each amendment(s) adoption: date this document was signed.	if other than
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 wildocument's effective date on the Department of State's records.	ill not be listed as
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
Signature  (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)	
PETER KELLY	
(Typed or printed name of person signing)  PRESIDENT (Title of person signing)	

the

the