## P18 000 000 883

(Reques	stor's Name)	
(Addres	s)	
(Addres	5)	
(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



300393794973

09/06/22--01011--004 ++35.00

Autolikosee rionida

DEC 8 2022 S. PRATHI

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: 850 DENT INC.		
DOCUMENT NUM	1BER: P18000000883		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SEAN YARBROUGH		
	850 DENT INC.	Name of Contact Person	
		Firm/ Company	
	314 CLARK AVE	, ,	
		Address	<del></del>
	PENSACOLA, FL 32514		
		City/ State and Zip Code	:
	PRESSADENT850@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
SEAN YARBROUG	ЭН	at (	712-7936
Name	e of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Ce 2415 N	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)  (If sure the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amening and statutes of Incorporation:  (If amending name, enter the new name of the corporation:  (If amending name, enter the new name of the corporation:  (State of Incorporation adopts the following amening and statutes of Incorporation adopts the following amening and some and contain the word "corporation" or "corporation" or "corporation" or "incorporated" or the abbreviation "Corporation" or "the abbreviation "Corporation" or "the abbreviation" or "the abbreviation" or the abbreviation "P.A."  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS (  Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  (Florida street address)  Name of New Registered Agent  (Florida street address)  (Florida street address)  (Florida street address)  (Florida Street address)	of	٠	23
(Document Number of Corporation (if known)  Insulant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following appendiculates of Incorporation:  If amending name, enter the new name of the corporation:  One of the designation "Corp." "Inc." or "Co." A professional corporation name must contain the word "corporation" or the designation "Corp." "Inc." or "Co." A professional corporation name must contain the word charactered." "professional association." or the abbreviation "P.A."  Enter new principal office address if applicable: (Mailing address MAY 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 the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  New Registered Agent (City)  Florida street address)  New Registered Agent's Signature, if changing Registered Agent:  thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	PRESS A DENT 850, INC.	<u>:</u> -	)22 9
(Document Number of Corporation (if known)  Insulant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following appendiculates of Incorporation:  If amending name, enter the new name of the corporation:  One of the designation "Corp." "Inc." or "Co." A professional corporation name must contain the word "corporation" or the designation "Corp." "Inc." or "Co." A professional corporation name must contain the word charactered." "professional association." or the abbreviation "P.A."  Enter new principal office address if applicable: (Mailing address MAY 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 the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  New Registered Agent (City)  Florida street address)  New Registered Agent's Signature, if changing Registered Agent:  thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Name of Corporation as currently filed with the Florida Dept. of State)		řń
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following impendments strictes of Incorporation:  If amending name, enter the new name of the corporation:  50 DENT INC.  The new imments be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co." A professional corporation name must contain the word chartered." "professional association." or the abbreviation "P.A."  Enter new principal office address, if applicable: "rincipal 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 address in Florida, enter the name of the new registered agent and/or the new registered office address.  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Florida treet address)  New Registered Office Address:  (City)  (Cit	P18000000883	ξ, .	+
ursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following dipendency affects of Incorporation:  If amending name, enter the new name of the corporation:  O DENT INC.  The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co.". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A.".  Enter new principal office address, if applicable: 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 address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Florida treet address)  New Registered Office Address:  (City)  (City)	(Document Number of Corporation (if known)	٠٠. <sup>7</sup>	ت
If amending name, enter the new name of the corporation:  50 DENT INC.  The new must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co." A professional corporation name must contain the word chartered." "professional association." or the abbreviation "P.A."  Enter new principal office address, if applicable: 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 address in Florida, enter the name of the new registered agent and/or the new registered address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  The new and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." the obligations of the position.	Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follows Articles of Incorporation:	wing anne	ndme <u>nt(</u> s)
The new tame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," the, " or "Co". A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: 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 address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (City Code)	A. If amending name, enter the new name of the corporation:	<u>, , , , , , , , , , , , , , , , , , , </u>	
une must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp." http:// or "Co." A professional corporation name must contain the word chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS    Enter new mailing address MAY BE A POST OFFICE BOX)  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 address:  Name of New Registered Agent (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (City)  (City)  (City)  (Chy Code)	<del></del> :	***	
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."  Enter new principal office address, if applicable;  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 address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent   (Florida street address)  New Registered Office Address:  (City) (Zip Code)  Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (City) (Zip Code)  (Siew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	name must be distinguishable and contain the word -corporation, - company, or theorporated of the doorest "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" A professional corporation name must cor "chartered," "professional association," or the abbreviation "P.A."	ntain the	word
Mailing address MAY BE A POST OFFICE BOX  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   (Florida street address)	B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
Mailing address MAY BE A POST OFFICE BOX  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   (Florida street address)			
Mailing address MAY BE A POST OFFICE BOX  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   (Florida street address)			_ <del>_</del>
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	C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOY)		
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)  (Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Maining dualities MAIN MAIN OF FIGURE 1995)		
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)  (Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)  (Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)  (Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	D. If amounting the registered agent and/or registered affice address in Florida, enter the name of the		
(Florida street address)  New Registered Office Address:  (City)  (Zip Code)  Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	new registered agent and/or the new registered office address:		
(Florida street address)  New Registered Office Address:  (City)  (Zip Code)  Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Name of New Revistered Avent		
New Registered Office Address:  (City)  (City)  (Zip Code)  Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
(City) (Zip Code)  lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Florida street address)		
(City) (Zip Code)  lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Nine Braistanid Office Address: Florida		
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	The registrice cyfice interest.	Zip Code)	
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	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	on.	
Signature of New Registered Agent, if changing			
Mynature of New Registered Agent, if Changing	Simultane of Van Davietaned Agant if changing		
	Signature of New Registerea Agent, if changing		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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	$\overline{\mathrm{pT}}$	John Doe	<u>c</u>	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	_	 
Add				
Remove				
2) Change	-			 
Add				
Remove 3 ) Change		_	***	 
Add				
Remove				
4) Change		_	_	 
Add				
Remove				
5) Change		_	10-2	 
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or ad Attach <i>additional</i> :	sheets, if necessar	ry). (Be specif	ic)	-			
		<del> </del>	<del></del>	· · · · · · · · · · · · · · · · · · ·			
			<del></del>		•		
·-							
					<u>—</u>		
						_	
					_		
		<u> </u>					
_	·			<del></del>		<del></del>	
f an amendment	provides for an	exchange, recla	ssification, or	cancellation o	fissued shares	<u>i.</u>	
provisions for in	iplementing the able, indicate N/:	<u>amendment if n</u>	iot contained	<u>in the amenum</u>	ent itseit:		
(ij noi appne	and, marcule in.	'',					
		<del></del>		<u>-</u>		<del></del>	
			_				
						· · · · · ·	
				<del></del>	<del></del>		
					<u>.                                    </u>		
						<del></del>	
<del></del>							
					<u></u>		

. •

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	_
08/18/2022	
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 will document's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	2022 SI
by	[P − 6
Dated 6/30/2022 Signature (MW // M/)	PH 1: 49
(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)	— ».
SEAN YARBROUGH	
(Typed or printed name of person signing)	
DPST	
(Title of person signing)	