P18 0000044754

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Ascend Dental Gro	oup	
	BER: P18000044754		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Ivan Terrero		
		Name of Contact Person	1
		Firm/ Company	
	12608 Biscayne Ct		
		Address	
	Naples, Fl. 34105		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	<u>e</u>
	ITerreroDDS@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea-	se call:	
		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ascend Dental Group	
· · · · · · · · · · · · · · · · · · ·	filed with the Florida Dept. of State)
P1800004454 P18000044754	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ascend Dental Group, PA	The new
name must be distinguishable and contain the word "corporation," "co "lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany, "or "incorporated" or the abbreviation="Corp"
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	9.
	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7935 Aiport Pulling Rd #325
	Naples, Fl. 34109
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	. Florida
· · · · · · · · · · · · · · · · · · ·	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ 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)

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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			····
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	Jaunary 21, 2020	
The date of each amendme	nt(s) adoption:	, if other than the
date this document was signo		
	Jaunary 21,2020	
Effective date <u>if applicable</u> :	: (no more than 90 days after amendment file date,	<u> </u>
	in this block does not meet the applicable statutory filing requirement the Department of State's records.	is, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without shareh	older action and shareholder
	ere adopted by the shareholders. The number of votes east for the amwere sufficient for approval.	endment(s)
	ere approved by the shareholders through voting groups. The following ded for each voting group entitled to vote separately on the amendment	
"The number of vot	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Janu Dated	ary 27, 2020	
Signature _	(UXI/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	By a director, president or other officer—if directors or officers have selected, by an incorporator — if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	
	Ivan Terrero	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	