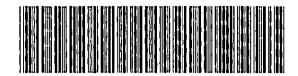
P19000052109

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

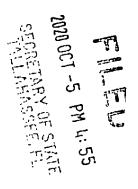




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11/17/20



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Crown Dental Lab of Central Florida Linc	
DOCUMENT NUMBER: P 1900052109	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard White Name of Contact Person	
Coown Dental Lab of Central Floride Inc	. •
325 Tyler Ave	
Lakeland FC 33801 City/ State and Zip Code	
Crown dentallab of Cf 6 Grail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person Act at (863) 858-7777 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to

to
Articles of Incorporation

FILED

Crown Donte	al Lab of	Central	[1000 00] -5	PH 4: 55
(Name of Corpo	ration as currently file	ed with the Florida	Dept. of States RETARY	OF STATE
<u>~~~~~~~</u>	5209			50EE FE
(De	ocument Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Fk its Articles of Incorporation:	orida Statutes, this <i>Flor</i>	ida Profit Corporatio	on adopts the following am	endment(s) to
A. If amending name, enter the new name of the	ie corporation:			
			The	new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "herartered," "professional association," or the action of the	Inc," or "Co". A pre			
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- (
D. If amending the registered agent and/or reg new registered agent and/or the new registe		in Florida, enter the	name of the	
Name of New Registered Agent				
	(Florida street a	ddress)		
New Registered Office Address:			, Florida	
	(City	,	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	nt. I am familiar with a			
S	Signature of New Regist	ered Agent, if changi	ing	

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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Terry K White	455 Lakeview Way Auburndale Fc 3382
Add		,	<u>Auburndale</u> , FC 3382
Remove			·
2) Change			
Add			
Remove Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

itach <i>additional sheets, if n</i>	itional Articles, enter change(s) here: necessary). (Be specific)	
 -		
· · · · · · · · · · · · · · · · · · ·		
	—— V—/-	
		
an amandmant provider	for an exchange, reclassification, or cancellation of issued shares,	
<u>rovisions for implementi</u>	ng the amendment if not contained in the amendment itself:	
(if not applicable, indic	cate N/A)	
<u>. </u>	<u> </u>	
<u> </u>	——————————————————————————————————————	
	1 1 IV	

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 10/12020 no more than 90 days after amendmen	(Gladata)
(no more than 90 days diter amenamen	i file dine)
Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast to by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the continuous separately.	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	
(voting group)	
Dated 9/30/2020	
Signature / Ku / M	
(By a director, president or other officer - if directors or officer	
selected, by an incorporator – if in the hands of a receiver, tr appointed fiduciary by that fiduciary)	ustee, or other court
- Richard White	
(Typed or printed name of person signing)
Presiden+	
(Title of person signing)	