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JUN 18 2020

COYER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gulf Breeze Endodontics, PA			
DOCUMENT NUMBER: P 1900 00 54938			
The enclosed Articles of Amendment and fee are submitted for filling.			
Please return all correspondence concerning this matter to the following:			
Shane Hanson			
Gulf Breeze Engla de tras, PA Firm/ Company 9013 University PKny, 'Ste H Address			
Pe-sacde FL 32514 Cityl State and Zip Code			
Hanson DMD@ Hotmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Shane Hanson at 850 398-7849 Name of Contact Person Area Code & Daytime Telephone Number			
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:			
☐ \$3.5 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) ☐ \$6.00			
Mailing Address Street Address			
Amendment Section Amendment Section			
Division of Corporations Division of Corporations The Courtre of Tellubration			
P.O. Box 6327 The Centre of Tallahassee Tallahassee FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

2020 JULY - 1	$P_{i,j}^{**}$	7: nc
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Gulf Breeze Endod	ontics, PA
(Name of Corporation as current)	y filed with the Florida Dept, of State)
P1900 00 5493	8
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Seabreeze Endodontic	es Pensacola, PA The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	4 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	9013 University Pkny Suite H
	Pensacola, FL 32514
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
Name of New Registered Agent	
(Florida st	reet address)
N. D. Com LOW of Alliana	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
NU	
Signature of New I	Registered Agent, if changing
Check if applicable [7] 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:

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 = Trustec; 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>	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name ()	<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			

additional sheets, if necessary). (Be specific)	
	2020 July - 1 Fil 7: 09
T/MA	
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mendment provides for an exchange, reclassifi	ication, or cancellation of issued shares,
sions for implementing the amendment if not c	contained in the amendment itself:
f not applicable, indicate N/A)	
/n/h)	
<u> </u>	
,	

The date of each amendment(s) ad	option: June 1, 20	20, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	June 1, 2020 too more than 90 days after amendmen	1023 Juli - 1 Pri 7: 09
Note: If the date inserted in this blocoment's effective date on the Dep	ock does not meet the applicable statutory filing r artment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast ficient for approval.	for the amendment(s)
☐ The amendment(s) was/were appoints the separately provided for a	oved by the shareholders through voting groups. It auch voting group entitled to vote separately on the	The following statement camendment(s):
"The number of votes cast t	or the amendment(s) was/were sufficient for appro	wal
by		
v, <u></u>	(voting group)	_
Dated/M_0	y 29, 70, 20	
(By a di selected	ector, president or other officer – if directors or of by an incorporator – if in the hands of a receiver, d fiduciary by that fiduciary)	ficers have not been trustee, or other court
аррини	Shane Hanse (Typed or printed name of person signing)	on
	~	।g।
	President	
	(Title of person signing)	