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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JAMES HO DMD	P.A.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CHRISTINE CHEW		
		Name of Contact Perso	n
	CHRISTINE CHEW & ASS	OCIATES	
		Firm/ Company	<del></del>
	539 N. MILLS AVE		
		Address	
	ORLANDO, FL 32803		
		City/ State and Zip Coc	le
ССН	EWINCORP@CFL.RR.COM		,
	E-mail address: (to be us	sed for future annual report	
thou fourth or in formation	and the second second		
ror further information	concerning this matter, pleas	e call;	
CHRISTINE CHEW		at (	894-7259
Name o	f Contact Person	Area Co	) 894-7259 de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	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)
Ame Divis P.O.	ing Address ndment Section iton of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

### JAMES HO D.M.D., P.A.

# (Name of Corporation as currently filed with the Florida Dept. of State)

	P9300008	30442			
(D	ocument Number	of Corporation (if know	vn)		
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	lorida Statutes, thi	s Florida Profit Corpo	ration adopts the follow	wing am	endment(s
A. If amending name, enter the new name of t	he corporation:				
N/A				The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or	"Co". A professional	"incorporated" or the corporation name m	. abbrev	viation
B. Enter new principal office address, if applie	cable:	N/A			
(Principal office address MUST BE A STREET					
					•
				_\$_	<u> </u>
C. Enter new mailing address, if applicable:		N/A	> >	SEP	77
(Mailing address <u>MAY BE A POST OFFICE</u>	E BOX)			<u> </u>	<del></del>
				_ <del></del>	
			S.	: <u>:</u>	D
To the last of the same of			1.5	~	
D. If amending the registered agent and/or reg new registered agent and/or the new registered	<u>ered office addres</u>	<u>lress in Florida, enter</u> is:	the name of the	: m	
N/A Name of New Registered Agent		_			
Name of New Neglisleyea Agent			<del></del>		
-	(Florida s	treet address)		<del></del>	
N/A New Registered Office Address:					
<u>New_Registerea Office Address:</u>		(City)	, Florida /2	(ip Code)	
				•	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			directions of the position		
Thereby decept the appointment as registered age	m. rum jumuur	win and accept the th.	inguions of the positio	n.	
	Signature of New	Registered Agent if ch	anaina		

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	D	MICHAEL A HO	141 VIA CAPRI
Add			NEW SMYRNA BEACH
X Remove			FL 32169
2) Change	D	MICHELLE E HO	141 VIA CAPRI
Add			NEW SMYRNA BEACH
X Remove			FL 32169
3 ) Change			
Add			
Remove			<del></del>
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			<del></del>
6) Change			
Add			
Remove			

	rticles, enter change(s) here: ). (Be specific)
N/A	
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
Lifent applicable indiana Mar	
(if not applicable, indicate N/A)	
(y noi applicable, maicale <sub>N/A</sub> )	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be fisted as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east 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.	
Dated9-14-17	
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)	
JAMES HO	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<del></del>