P9400059484

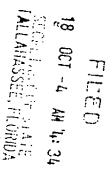
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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OCT 1 7 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

ij

NAME OF CORPOR	ATION: BEST BUY DISC	OUNT DENTAL SUPPLY	. INC.
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Michel Nardi		
•		Name of Contact Person	1
	BEST BUY DISCOUNT DE	ENTAL SUPPLY, INC.	
	<u> </u>	Firm/ Company	
	906 N Belcher Rd	, many	
	· .	Address	
	Clearwater FL 33765		
		City/ State and Zip Cod	e
MNar	di@Nardilaw.com		
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Michel Nardi		at (
Name o	of Contact Person	Area Co	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Isox 6327 Ishassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

1	BEST BLIV	DISCOUNT	DENTAL	STIPPLY	INC

(Name o	of Corporation as curren	tly filed with the Florida De	ept. of State)	
P94000059484				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following an	rendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
N/A			The	e new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbre oration name must cont	viation ain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		906 N Belcher Rd	_ =	18
		Clearwater FL 33765	A A	<u>용</u> ㅠ
				1 1.6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		906 N Belcher Rd		<u>**</u> O
		Clearwater FL 33765	1000 A	<u></u> <u>2</u> .
D. If amending the registered agent an new registered agent and/or the new			ame of the	
Name of New Registered Agent				
	906 N Belcher Rd			
	(Florida). Clearwater	(Florida street address) 33765		
New Registered Office Address:		(City)	, Florida (Zip Code	
New Registered Agent's Signature, if of I hereby accept the appointment as registed.	tered agent. I am familia.	r with and accept the obligati		
	prus			
-	Signature of New	Registered Agent, if changin	g	

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) K Change	D	Michel Nardi	2840 West Bay Dr. Suite 169
Add			Belleair Bluffs FL 33770
Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)	
		_
		_
f an amendment provides for an excl	hange, 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)		

	10/01/2018	141 - 33
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	block does not meet the applicable statutory filing requirements, this capartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment officient for approval.	45)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ient
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
09/20/18 Dated		
	1.1.011.0	
Signature	rector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other co	
appoir	ted fiduciary by that fiduciary)	
	Michel Nardi	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	