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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MICHAEL T. CO	BBE, D.D.S. II, P.A.	
	BER:		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JEFFREY GALVAN, ESQ.		
	-	Name of Contact Person	n
	GALVAN MESSICK, PLLC		
		Firm/ Company	
	951 YAMATO ROAD, SUI	. •	
		Address	
	BOCA RATON, FLORIDA	33431	
		City/ State and Zip Cod	c
JGA	LVAN@GALVANMESSICK	.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JONATHAN LEVIN	NE, ESQ	at (_561	994-5956
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	ortment 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)
An Div P.C	tiling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle
		i allana	assec, FL 32301

Articles of Amendment to Articles of Incorporation of

MICHAEL T. COBBE, D.D.S. II, P.A.

(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P96000072371	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>
N/A	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	201
	The second secon
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	~ · · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered AgentN/A	
man of wearing mercanigen	
tFlorid.	la street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent.—I am famil	
Signature of N	ew Registered Agent, if changing

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: \underline{X} Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	FARAH POUSTCHI-AMIN	2707 TAMPA ROAD
Add			PALM HARBOR, FL 34684
X Remove			
2) Change			
Add			
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

rticles, enter change(s) here: . (Be specific)
change, reclassification, or cancellation of issued shares, rendment if not contained in the amendment itself:
endment if not contained in the amendment users.

	JANUARY 17, 2018	
The date of each amendment(s date this document was signed.	adoption:	if other than tr
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	01/17/18 11. But 18 the W	
Signature	a director, president or other officer – if directors or officers have not been	
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	Michael T. Cobbe, D.D.S.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	