15190001613 15190001613

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



400274800584

15 AUG - 3 PM 1:58

15 AUG -3 AH 3: 56

AUG 04 2015

R. WHITE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/3/15

NAME:

CAD DENTAL HOLDINGS INC.

TYPE OF FILING: AMENDMENT

COST:

43.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Cad Dental Holdings DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dennis A Pearson Name of Contact Person Cad Dental Holdings Firm/ Company 423 Main Street 3rd Floor Address Rockland Me 04841 City/ State and Zip Code info @caddentalholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dennis A Pearson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐ \$35 Filing Fee ■\$43.75 Fiting Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

F 1 FF. 115 AUG - 3 AM 3: 55

	OI		
Cad Dental Holdings Inc.			FATTAMESSEE EN AND
(Name of Corpor	ration as currently file	d with the Florida De	ept. of State)
ad Dental Holdings Inc.			
(Do	cument Number of Corp	poration (if known)	
tursuant to the provisions of section 607.1006, Floris Articles of Incorporation:	orida Statutes, this <i>Flori</i>	da Profit Corporation	adopts the following amendment
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	'orp," "Inc," or "Co".	A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applica	able:	······································	
Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
	_		
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
			
. If amending the registered agent and/or regi	stered office address i	Florida, enter the n	ame of the
new registered agent and/or the new register	red office address:		
Name of New Registered Agent	·		
	(Florida street ad	dress)	
New Registered Office Address:			Florida
	(City)		(Zip Code)
New Registered Office Address:		· <u>·</u> ······	, Florida(Zip Code)
Now Designated Agents Cinnelling 16 hours	Danistand Accept		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	<u>kegisterea Agent:</u> nt.	nd accept the obligation	ons of the position
,,		secope me oviigune	one of me bosinon.
	ignature of New Registe	ered 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.

X Change	PT John	Doe	
X Remove	Y Mike	e Jones	
X Add	SV Sally	/ Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	CEO	RalphO Boyd	363 Mira Vista Terrace
Add			Pasadena CA 91105
x Remove			
2) Change	CEO	Dennis A Pearson	13722 Trento Pl San Diego CA 921
X Add			
Remove			
3)Change		*	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			Market .
Remove			<u> </u>
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	Manage Control of the
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date if applicable:	
(no r	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not more document's effective date on the Department of State's	at the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK	<u>ONE</u>)
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	olders. The number of votes cast for the amendment(s) at.
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting gr	oup)
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	orators without shareholder action and shareholder
7/30/2015 Dated	
Signature	Ild Bond
	or other officer – if directors or officers have not been for – if in the hands of a receiver, trustee, or other court at fiduciary)
Ralph O Boyd	
(Туре	d or printed name of person signing)
CEO	~
	(Title of person signing)