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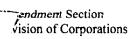
Office Use Only



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05/24/13--01010--020 \*\*35.00

## **COVER LETTER**



NAME OF CORPORATION: McLellan	Dental Inc	
DOCUMENT NUMBER: P98000014	410	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Matthew McLel	lan	
	Name of Contact Perso	n
McLellan Denta	ai	
	Firm/ Company	
1100-2 S Ponc	e de Leon Blvd	
	Address	
St Augustine, F	L 32084	
	City/ State and Zip Cod	e
mattmclellan@bell	south.net	
	e used for future annual report	notification)
For further information concerning this matter, p	lease call:	
Matthew McLellan	at (904	, 829-6321
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depa	artment of State:
\$35 Filing Fee San Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section	Amend	ment Section
Division of Corporations		on of Corporations
P.O. Box 6327		Building
Tallahassee, FL 32314	2001 E	xecutive Center Circle

Tallahassee, FL 32301



May 29, 2013

MATTHEW MCLELLAN 1100-2 S PONCE DE LEON BLVD ST AUGUSTINE, FL 32084

SUBJECT: MCLELLAN DENTAL, INC.

Ref. Number: P98000014410

We have received your document for MCLELLAN DENTAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please have a officer or director sign the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 913A00013443

## Articles of Amendment to Articles of Incorporation of

Michellan Dental Inc				_
	s currently filed with the Flo	rida Dept. of State)		
P98000014410		·		
(Docume	nt Number of Corporation (if I	(nown)		_
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lerida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
Seaside Children's Denti	istry Inc.	•		_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corp	rporated" or the o oration name must	abbreviation contain the
B. Enter new principal office address.				_
(Principal office address MUST BE A S	IREEI ADDRESS )			· 
A . W. A	<b></b> .			<b>-</b> .'
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> OFFICE BOX)		•	
	*			
			· · · · · · · · · · · · · · · · · · ·	_
			****	<del>-</del>
D. If amending the registered agent ar	nd/or registered office addre	ss in Florida, enter the p	ame of the	
new registered agent and/or the ne		_		
Name of New Registered Agent	Matthew McLella			
	1100-2 S Ponce		<del></del>	
	(Florida stree		00004	
New Registered Office Address:	St Augustine	, Flori	<sub>da</sub> 32084	<del>-</del> .
	(City)		(Zip Code)	
New Registered Agent's Signature. if of the latest the appointment as regis	changing Registered Agent: tered agent. I am familiar wi July July July July July July July July	MC OVE	ions of the position.	2013.

Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear	if necess ector titl residem Chief i Direct in the fo	eary)  le by the f  t; T= Tre  Financial  or would  llowing n  orporatio	first letter of the office vasurer: S= Secretary Officer. If an office be PTD, nanner. Currently Jo. on, Sally Smith is nam	; D= Director; TR= Ti r/director holds more to hn Doe is listed as the i	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office  PST and Mike Jones is listed as the V. There is thould be noted as John Doe, PT as a Change,
Mike Jones, V as Remove, Example:	and Sal	ly Smith,	SV as an Add.		
X_Change	PT	John D	<u>0</u>		
X Remove	¥	Mike Jo	ones		
_X Add	<u>sv</u>	Sally S	mith		•
Type of Action (Check One)	Title		Name		Address
1) Change		_		· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
2) Change		_			
Add	•				
Remove					
3 ) Change		_			
Add					<del></del>
Remove					
4) Change		_		<u> </u>	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			· ·
Add					

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

\_ Remove

ech additional sheets, if necessary).	(Be specific)	NK	٠
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n amendment provides for an exch ovisions for implementing the amer	ange, reclassification	a. or cancellation of issued sha	res.
ovisions for implementing the amer (if not applicable, indicate N/A)	<u>ndment if not contai</u>	ned in the amendment itself:	NR
			<del></del>
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The date of each amendment(s) adoption:
Effective date if applicable:
Adoption of Amendment(s) (CHECK ONE)
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast 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.
Dated_JUNE 03 2013
Signature
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Tables of business timine of horson silining)
(Title of person signing)