

P99000094728

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend/ name change

JUN - 9 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: T. H. Cunningham, P.A.
DOCUMENT NUMBER: P99000094728

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Bennett
Name of Contact Person
T. H. Cunningham
Firm/ Company
459 West Call St
Address
Starke FL 32091
City/ State and Zip Code
talisha@cunninghamdental@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Bennett at (904) 964-5152
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|---|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
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Articles of Amendment
to
Articles of Incorporation
of

Talisha H Cunningham PA

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

P 99000094728

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Call Street Family Dentistry, PA

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

459 West Call St

Starke FL 32091

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

459 West Call St

Starke FL 32091

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Talisha H. Parrish

459 West Call St

(Florida street address)

New Registered Office Address:

Starke

(City)

Florida

32091

(Zip Code)

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Talisha H Parrish

Signature of New 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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change

Talishah Parrish

459 West Call St

____ Add

Starke FL 32091

____ Remove

2) ____ Change

____ Add

____ Remove

3) ____ Change

____ Add

____ Remove

4) ____ Change

____ Add

____ Remove

5) ____ Change

____ Add

____ Remove

6) ____ Change

____ Add

____ Remove

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable:

6-1-17

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-31-17

Signature

Talisha H Parrish

(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)

Talisha H Parrish

(Typed or printed name of person signing)

President

(Title of person signing)

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

4080

(STATE FILE NUMBER)



A CERTIFIED TRUE COPY
Kellie Hendricks Connell
Clerk of Circuit Court
Union County, FL

[Signature] DC

2017ML22

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) ROBERT BRETT PARRISH		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 08/15/1970
3a. RESIDENCE - CITY, TOWN, OR LOCATION LAKE BUTLER	3b. COUNTY UNION	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FL
5a. NAME OF SPOUSE (First, Middle, Last) TALISHA HARRISON CUNNINGHAM		5b. MAIDEN SURNAME (if applicable) HARRISON	6. DATE OF BIRTH (Month, Day, Year) 09/06/1973
7a. RESIDENCE - CITY, TOWN, OR LOCATION LAKE BUTLER	7b. COUNTY UNION	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) FL

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Robert Brett Parrish</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/22/17
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Captal Noiman</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Talisha Harrison</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/22/2017
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Captal Noiman</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE UNION	18. DATE LICENSE ISSUED 02/22/2017	19a. DATE LICENSE EFFECTIVE 02/25/2017	19b. EXPIRATION DATE 04/23/2017
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF THE CIRCUIT COURT	
		20c. BY D.C. CN	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 02/25/17	22. CITY, TOWN, OR LOCATION OF MARRIAGE Lake Butler FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Joseph Richard Harrison Jr.</i>	23b. ADDRESS (Of person performing ceremony) 11175 NE Cr 737 Lake Butler, FL
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Pastor	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>V. Struick</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED