

S22156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

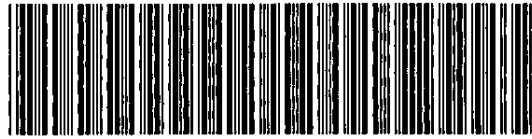
(Business Entity Name)

(Document Number)

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16 AUG -3 PM 3:10
SECRETARY OF STATE
TALMADGE COUNTY, OHIO

NC

AUG 11 2016

R. WHITE

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Barbara Delucia DMD

DOCUMENT NUMBER: S22156

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

Please return all correspondence concerning this matter to the following:

Barbara Delucia DMD
Name of Contact Person

Barbara Delucia DMD
Firm/ Company

6853 SE 12th Terrace
Address

Ocala, FL 34480
City/ State and Zip Code

bebedmd@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Delucia DMD at (352) 427-0860
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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input 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

Articles of Amendment
to
Articles of Incorporation
of

FILED

16 AUG -3 PM 3:10

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

522156

(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:

DeLuca 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)

2701 SW 34th St
Suite 200
Ocala, FL 34484

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6853 SE 12th Terrace
Ocala, FL 34480

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 Barbara DeLuca DMD
6853 SE 12th Terrace
(Florida street address)

New Registered Office Address: Ocala FL, Florida 34480
(City) (Zip Code)

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.

Barbara DeLuca DMD
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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Barbara DeLuca</u>	<u>6853 SE 12th Terrace</u>
<input type="checkbox"/> Add			<u>Ocala, FL 34480</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> 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: 7-29-16, if other than the date this document was signed.

Effective date if applicable: 7-29-16
(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 7-29-16

Signature Barbara DeLuca DMD

(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)

Barbara DeLuca DMD
(Typed or printed name of person signing)

President
(Title of person signing)

Proof of Name Change

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR MARION COUNTY, FLORIDA

CASE NUMBER: 42-2015-DR-001662-FG

IN RE: The Matter of

BARBARA ANN BUCY,
Petitioner.

16 FEB 29 AM 11:48
FAMILY CIVIL
DAVID R. ELLSPERMANN
CLERK & COMPTROLLER
MARION COUNTY, FL

SECOND AMENDED FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

This cause came before the Court on November 13, 2015, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner is a bona fide resident of Marion County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, Barbara Ann Bucy, (DOB: 03/03/58), is changed to **BARBARA ANN DELUCIA**, by which Petitioner shall hereafter be known.

ORDERED ON this 20 day of February, 2016, at Ocala, Marion County, Florida, *nunc pro tunc* November 13, 2015.


Steven G. Rogers
Circuit Judge

COPY TO:

Barbara DeLucia
6853 SE 12th Terrace
Ocala, FL 34480

STATE OF FLORIDA, COUNTY OF MARION
 I HEREBY CERTIFY that the foregoing is a true and correct copy of pages _____ through _____ of the instrument filed in this office.
 The original instrument filed contains _____
 The copy has no redactions.
 This copy has been redacted pursuant to _____
 DATED: _____
 Dated: 2/29/16

