541684

(Re	questor's Name)	<u>. </u>
· (Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
' (Bu	siness Entity Nan	ne)
	A Novelean	
(Do	cument Number)	
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OCT - 4 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corpo			*	
NAME OF CORPORATION: Gary N. Steen, D.M.D., P.A.				
DOCUMENT NUME	SER: <u>S41684</u>			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:		
	Gary N. Steen,	President		
		Name of Contact Person	1	
	Gary N. Steen,	D.M.D., P.A.		
	<u> </u>	Firm/ Company		
	3232 Cove Ben	d Drive		
		Address	·	
	Tampa, Florida	33613		
		City/ State and Zip Cod	2	
do	ctor.tooth3@ver	rizon net		
uo .		sed for future annual report	notification)	
5 mail address. (to be ased for fatally annual report nonneamon)				
For further information	n concerning this matter, pleas	se call:		
Gary N. Steen		at (813 Area Co	, 977-6096	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
	IV A.3.3	64	A. A.J.,	

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**

12 OCT - PM 2
12 OCT -1 PM 2:41
PH 2:41

Gary N. Steen, D.M.D., P.A. (Name of Corporation as currently filed with the Florida Dept. of State) S41684 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) Florida New Registered Office Address: (City) 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.

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change			-	
Add				
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)				
Add the following to Article IV - CAPITAL STOCK:				
Not withstanding the above, nothing in this Article precludes				
the transfer of any and all capital stock to a Trust for the				
purpose of asset protection of the corporation with the				
approval of the directors and all the shareholders of the				
corporation.				
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) See above paragraph E.				
Occ above paragraph E.				

The date of each amendment(s	adoption: September 22, 2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) 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 c	ast for the amendment(s) was/were sufficient for approval
by	(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 Sep	tember 22, 2012
Signature	a director, president or other officel – if directors or officers have not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Gary N. Steen, D.M.D.
	(Typed or printed name of person signing)
	President
	(Title of person signing)