395262

questor's Name)				
dress)				
dress)				
y/State/Zip/Phone	e #)			
WAIT	MAIL			
siness Entity Nan	ne)			
(Document Number)				
Certificates	of Status			
Filing Officer:				
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates			

Office Use Only



600295006956

02/27/17--01015--024 **35.00



Amend

MAR 1 - 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ANCO DENTAL	LAB, INC.		
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
,	DAVID A. NETBURN, ESC	QUIRÉ		
-	<u> </u>	Name of Contact Person	n	
	ROLNICK & NETBURN			
-		Firm/ Company		
	5521 N. University Drive, St	e. 204		
-		Address		
	Coral Springs, FL 33067			
		City/ State and Zip Cod	e	
		-		
	E mail addresse (to be se	sed for future annual report	notification)	
	E-man address; (to be us	sed for future annual report	nonneation)	
For further information	concerning this matter, pleas	se call:		
David A. Netburn, Esc	mire	954	346-5001	
		at (334	de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address			Address	
	ndment Section	Amendment Section		
	sion of Corporations Box 6327	Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	ANCO DENTAL	LAB, INC.			
(Name o	of Corporation as currently	filed with the Florida Dept. of	State)		
	395262				•
	(Document Number of C	Corporation (if known)	•••		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopt	s the followi	ng ame	ndment(s) to
A. If amending name, enter the new na	nme of the corporation:				
•				The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	atìon "Corp," "Inc," or "Ce	". A professional corporation			
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>					
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			SECRETALY O	2011 FEB 27 1	
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name o	f the	PH12: 53	
Name of New Registered Agent				_	
	10161 W. Sample Road, Cor	<u> </u>		_	
·	(Florida street	(address)			
New Registered Office Address:		, Flo	orida	Code)	
	(C	n,v)	(Zip	Concy	
New Registered Agent's Signature, if cl	ered agent. I am familiar wit		the position.		
	Signature of New Reg	istered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	DAVID KELLY	10161 W. SAMPLE ROAD
Add			CORAL SPRINGS, FL 33065
X Remove			·
2) X Change	PTSD	CESAR DA COSTA	10161 W. SAMPLE ROAD
Add			CORAL SPRINGS, FL 33065
Remove			
3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Add Remove			
			÷.
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
		<u> </u>
		<u> </u>
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation	n of issued shares, dment itself:
(if not applicable, indicate N/A)		
·		
	<u> </u>	• .
		•
	·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ıt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated February 17/2017 Signature Leccent	
Signature Jaccell R	
(By a director, president or other officer – if directors or officers have not bee	en en
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	
CESAR MARQUES DA COSTA (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
- Sa.c.a 5	
(Title of person signing)	
(Title of person signing)	