P00000027351

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

800903483228——3 127670--0048--016 *****52.50 *****52.50

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

PRO-DENTAL LABORATORY CORP.

Enclosed is an original and one(1) copy of the articles of amendement to article of incorporation and a check for: \$52,50

Filing fee for the articles of amendment

: \$35.00

1 Certified copie of the amendment

: \$-8.75

A certificate of status

: \$ 8.75.

Return address:

Isabelle Charneau

628 Cypress ave

Venice, Florida 34292

Phone: 941-480-0500

DINISION OF CORPORATIONS

Amend

PRO-DENTAL LABORATORY CORP.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE V: OFFICERS/DIRECTORS

President:

Francis Charneau

20408 Andover ave

33954 Port Charlotte, Florida

Vice- President:

Isabelle Charneau

20408 Andover-ave

33954 Port Charlotte, Florida

ARTICLE VI: REGISTERED AGENT

Isabelle Charneau 20408 Andover ave

33954 Port Charlotte, Florida

SECOND: 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, are as follows:

N/A

THIRD: The date of each amendment's adoption: November 30, 2000

FOURTH: Adoption of Amendment(s)

The amendment(s) were approved by the incorporator without shareholder action and shareholder action was not required.

Signature:

MARK SOLAU

st day of November, 2000.

INCORPORATOR

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)