

P02 000 112 011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

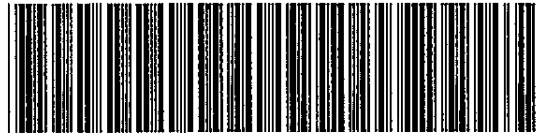
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800066169838

02/23/06--01029--015 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 23 PM 2:45

Amendment
03/02/06
Jc

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: nova Dental Inc.

DOCUMENT NUMBER: P02000112011

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

Please return all correspondence concerning this matter to the following:

Santiago Roldan
(Name of Contact Person)

nova Dental Inc.
(Firm/ Company)

1501 SE 23rd Avenue
(Address)

Pompano Beach FL 33062
(City/ State and Zip Code)

For further information concerning this matter, please call:

Santiago Roldan at (954) 785.3755
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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
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

Nova Dental Inc.

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

P02000112011

(Document number of corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 23 PM 2:45

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

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

JOSIANE C. ROLDAN ADDED TO
THE BOARD OF DIRECTORS OF
THIS CORPORATION. ADDRESS: 1501 SE
23 AVE. Pompano Beach, FLORIDA 33062.
JOSIANE ROLDAN TITLE: DIRECTOR.

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 2/16/06

Effective date if applicable: 2/16/06.
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)


The amendment(s) was/were approved 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 PRESIDENT."
(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.

Signature  PRESIDENT.

(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)

SANTIAGO B. ROLDAN.

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

FILING FEE: \$35

To: Amendment Section
Division of Corporations

From: Nova Dental Inc.
1501 SE 23rd Ave.
Tel.: (954) 788.2388
Fax.: (954) 785.3755

Ref.: Change of Address

NAME OF CORPORATION: NOVA DENTAL INC.
DOCUMENT NUMBER: P02000112011
FEI NUMBER: 352188179

OLD MAILING ADDRESS


4225 S.W. 72 nd Terrace <small>Mailing address (number, street)</small>	Davie <small>City</small>	FL <small>State</small>	33314-3131 <small>Zip Code</small>
---	------------------------------	----------------------------	---------------------------------------

NEW MAILING ADDRESS

1501 SE 23 rd Ave. <small>Mailing address (number, street)</small>	Pompano Beach <small>City</small>	FL <small>State</small>	33062-7507 <small>Zip Code</small>
--	--------------------------------------	----------------------------	---------------------------------------

I am hereby requesting the change of address of the Corporation and certify that the above information is correct.

February, 21st 2006

Signature: 
(By a director, president or authorized representative)

Signature: SANTIAGO B. ROLDAN
(Typed or printed name of person signing)

Signature: PRESIDENT.
(Title of person signing)