

P 04200035434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

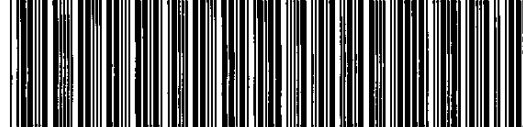
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600080083226

10/09/06--01013--009 \*\*43.75

FILED

2006 OCT -9 AM 11:32

RECEIVED

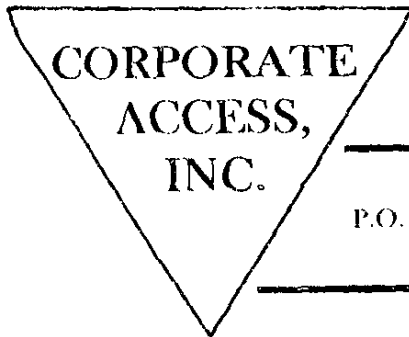
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT -9 AM 11:01

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

N.C.

G. Coulllette OCT 09 2006



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP:

10/9/06



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

Amendment

1.

Lighthouse Dental, Inc.  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF AMENDMENT  
OF  
LIGHTHOUSE DENTAL, INC.

1. The name of this corporation is **LIGHTHOUSE DENTAL, INC.**
2. Article I of the Articles of Incorporation of **LIGHTHOUSE DENTAL, INC.** is hereby amended to read:

**ARTICLE I - NAME**

The name of the corporation is:

**NO DENTAL, INC.**

3. The foregoing Amendment was adopted by the unanimous consent of the Board of Directors and Shareholders of this Corporation on the 6 day of ~~September~~ <sup>October</sup>, 2006.

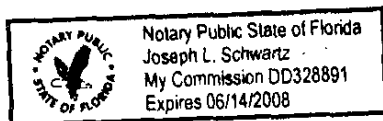
IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment this 6 day of ~~September~~ <sup>October</sup>, 2006.


  
\_\_\_\_\_  
**SCOTT G. DUFF, D.D.S.**  
President and Secretary

STATE OF FLORIDA  
COUNTY OF BADWENT

The foregoing instrument was acknowledged before me this 6 day of ~~September~~ <sup>October</sup>, 2006 by **SCOTT G. DUFF, D.D.S.**, as President and Secretary of **NO DENTAL, INC.**

☐ who is personally known to me or ☒ who has produced FL Driver's License as identification.



  
\_\_\_\_\_  
Notary Public-State of Florida