

PO5000146297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

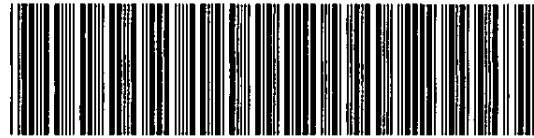
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/26/12--01003--012 **35.00

12/11/12 RW
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FILED
12 DEC 10 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAFER DENTAL LABORATORY INC

DOCUMENT NUMBER: P05000146297

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

Please return all correspondence concerning this matter to the following:

MAGNOLIA ROSALES

Name of Contact Person
MAFER DENTAL LABORATORY INC

Firm/ Company
13309 KEARNEY WAY

Address
TAMPA, FL 33626

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGNOLIA ROSALES at (813) 508-3960

Name of Contact Person Area Code & 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)

RECEIVED
NOV 11 11:04 AM '04
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2012

MAGNOLIA ROSALES
MAFER DENTAL LABORATORY INC
13309 KEARNEY WAY
TAMPA, FL 33626 US

SUBJECT: MAFER DENTAL LABORATORY INC
Ref. Number: P05000146297

We have received your document for MAFER DENTAL LABORATORY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please accept our apology for failing to mention this in our previous letter.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2012

MAGNOLIA ROSALES
MAFER DENTAL LABORATORY INC
13309 KEARNEY WAY
TAMPA, FL 33626 US

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RECEIVED

12 DEC 10 AM 9:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2012

MAGNOLIA ROSALES
MAFER DENATL LABORATORY INC
13309 KEARNEY WAY
TAMPA, FL 33626 US

SUBJECT: MAFER DENTAL LABORATORY INC
Ref. Number: P05000146297

We have received your document for MAFER DENTAL LABORATORY INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 012A00027114



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2012

MAGNOLIA ROSALES
MAFER DENATL LABORATORY INC
13309 KEARNEY WAY
TAMPA, FL 33626 US

SUBJECT: MAFER DENTAL LABORATORY INC
Ref. Number: P05000146297

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Rebekah White
Regulatory Specialist

Letter Number: 012A00027114

RECEIVED

12 NOV 21 AM 10:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

MAFER DENTAL LABORATORY INC.

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

P05000146297

(Document Number of Corporation (if known))

FILED
12 DEC 10 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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)

8465 WEST LINEBAUGH AVE
TAMPA, FLORIDA 33625

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8465 WEST LINEBAUGH AVE
TAMPA, FLORIDA 33625

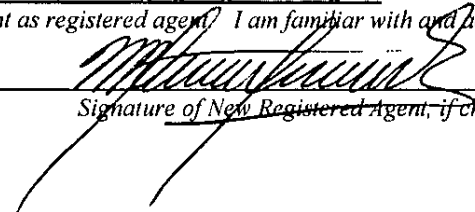
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent MAGNOLIA ROSALES
13309 KEARNEY WAY
(Florida street address)

New Registered Office Address: TAMPA, Florida 33626
(City) (Zip Code)

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>FERNANDO VALENCIA</u>	<u>13306 KEARNEY WAY</u>
<input type="checkbox"/> Add			<u>TAMPA, FLORIDA 33626</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>MAGNOLIA ROSALES</u>	<u>13309 KEARNEY WAY</u>
<input type="checkbox"/> Add			<u>TAMPA, FLORIDA 33626</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>MAGNOLIA ROSALES</u>	<u>13309 KEARNEY WAY</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FLORIDA 33626</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

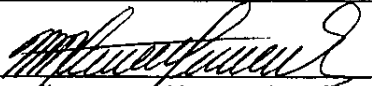
The date of each amendment(s) adoption: 11/05/2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted 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 _____”
(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.

Dated 11/05/2012

Signature 
(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)

MAGNOLIA ROSALES
(Typed or printed name of person signing)

VICE-PRESIDENT
(Title of person signing)