

P05000159051

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TALLAHASSEE FLORIDA

Amen

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AT YOUR SERVICE DENTAL INC

**DOCUMENT NUMBER:** P05000159051

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

Please return all correspondence concerning this matter to the following:

MITCHELL FARR

(Name of Contact Person)

AYS DENTAL INC

(Firm/ Company)

7300 W CAMINO REAL #200

(Address)

BOCA RATON, FL. 33433

(City/ State and Zip Code)

For further information concerning this matter, please call:

MITCHELL FARR

(Name of Contact Person)

at ( 561 ) 750 9877

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2006

MARIA FARR  
7300 W CAMINO REAL #200  
BOCA RATON, FL 33443

SUBJECT: AT YOUR SERVICE DENTAL, INC.  
Ref. Number: P05000159051

We have received your document for AT YOUR SERVICE DENTAL, 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):

If you are change the officer you must filing Articles of Amendment. The form you have sent in are not correct.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 306A00005379

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
06 FEB -6 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AT YOUR SERVICE DENTAL INC  
(Name of corporation as currently filed with the Florida Dept. of State)

P05000159051  
(Document number of corporation (if known))

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)**

PRESIDENT'S NAME CHANGE FROM MARIA PEREIRA  
TO MARIA FARR

(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: 1/25/06

Effective date if applicable: \_\_\_\_\_  
(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 \_\_\_\_\_."  
(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 \_\_\_\_\_

(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)

Mitchell FARE

(Typed or printed name of person signing)

Secretary

(Title of person signing)

**FILING FEE: \$35**