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MAY 0 3 2016 C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SHART BER: POTOOC	DEDTAL LI	ab fix.		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this matter to the following:					
	BAFAel	LAMAS Name of Contact Person	1		
	SOLAR DENTAL LAB FUX.				
		Firm/ Company	-		
	Z43a	E. Robin	50× 5/		
		Address			
	OR/A	ndo, F/ 32	803		
		City/ State and Zip Code	<u> </u>		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
BAKAEL L	AMAS	at ( 407	896-0344		
Name	of Contact Person	Area Co	de & 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mai	ling Address	Street	Address		
Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Cornerations			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept, of State)
	0410
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation '	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mauring dauress MAT BE ATOST OFFICE BUX)	AY -
	2 P
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
	reei address)
New Registered Office Address:	, Florida (Zip Code)
	, sp com
New Registered Agent's Signature, if changing Registered Agent	·
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	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: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	JASON Chrystie	2430 E. Robinson 37 OBlando, Fl 32803
Add			orlando, Fl 32803
X Remove			
2) Change			
Add			
Remove			
3)Change			
Add			**************************************
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional she	ig additional Articlets, if necessary).	(Be specific)			
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If an amendment pro provisions for imple	vides for an excha	nge, reclassificatio	n, or cancellation of	of issued shares,	
(if not applicable	e, indicate N/A)	inent ii not conta	ined in the amenda	ent usen:	
	•	· Ea '	06		(>
MOLE HI	<u> </u>	mr,	iasor chi	TO KATH	turio_
11 Shares	of own	or ship	BACIC	TO KATA	LAMP
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				•	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del>_</del>
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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 4-78-2016	
Signature	
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)	
ROFAEL LAWAS	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	