

P070000032410

(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



300104348323

NC
Theuris

FILED
2001 SEP 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/14/07--01008--010 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTHPOINTE DENTAL EQUIPMENT AND SUPPLY, INC.

DOCUMENT NUMBER: P07000032410

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

Please return all correspondence concerning this matter to the following:

Gary Glicksman

(Name of Contact Person)

SOUTHPOINTE DENTAL EQUIPMENT AND SUPPLY, INC.

(Firm/ Company)

166 NW 110 Way

(Address)

Coral Springs, Florida 33071

(City/ State and Zip Code)

RECEIVED
2007 SEP -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gary Glicksman

(Name of Contact Person)

at (954) 636-9960

(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

September 5, 2007

Gary Glicksman
Southpointe Dental Equipment and Supply
166 NW 110 Way
Coral Springs, FL 33071

SUBJECT: SOUTHPOINTE DENTAL EQUIPMENT AND SUPPLY, INC.
Ref. Number: P07000032410

We have received your document for SOUTHPOINTE DENTAL EQUIPMENT AND SUPPLY, 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 a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 507A00052779

RECEIVED
2007 SEP 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

SOUTHPOINTE DENTAL EQUIPMENT AND SUPPLY, INC.

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

P07000032410

(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):

SOUTHPOINTE CONSULTING, INC.

(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)**

(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)

FILED
2007 SEP 13 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 09/1/2007

Effective date if applicable: 09/1/2007
(no more than 90 days after amendment file date)

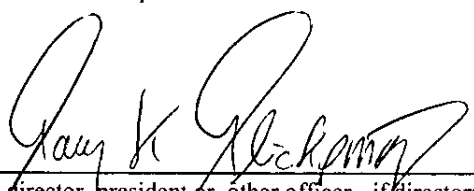
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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)

GARY GLICKSMAN

(Typed or printed name of person signing)

Vice President.

(Title of person signing)

FILING FEE: \$35