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2012 MAY 21 PM 4: 17
SECRETARY OF STATE

DR 5/24/12

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: Renaissance Dental Associates, Inc.							
DOCUMENT NUMBER: P10000052521							
The enclosed Articles of Amendment and fee are submitted for filling.							
lease return all correspondence concerning this matter to the following:							
Marcelo W. Mattschei DDS							
Name of Contact Person							
Renaissance Dental Associates, Inc.							
Firm/ Company							
300 Dunes Blvd. #1204							
Address							
Naples, FL 34110							
City/ State and Zip Code							
naplesdental@msn.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Marcelo W. Mattschei, DDS at 239, 821-8385							
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							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle							

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2012 MAY 21 PM 4: 17

Renaissance Dental Associate	es, inc.	SECRETA	RY OF STATE
(Name of Corporation as currently	filed with the Florida Dept. of State)	TALLAHAS	RY OF STATE SEE. FLORID
P10000052521		MATTER TO SERVICE TO S	,
(Document Number	of Corporation (if known)		•
Pursuant to the provisions of section 607,1006, Floritis Articles of Incorporation	rida Statutes, this Florida Profit Corporat	tion adopts the followin	g amendment(s)
A. If amending name, enter the new name of the	corporation;		
Renaissance Talent Casting, Ir	nc.		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	rp," "Inc," or "Co". A professional c	scorporated" or the a proporation name must	bbreviation contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>		- - -
D. If amending the registered agent and/or registered agent and/or the new registered		ie name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		lorida	-
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing H I hereby accept the appointment as registered agen	i. I am familiar with and accept the oblig	gations of the position.	
Nignature 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 = ChiefExecutive 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> 79</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Tide	Name	Address
1) Change	v	Wilham Atkinsors	9522 Greenpointe Dr.
Add _x Remove			Tampa, Fl. 33826
2) Change Add	CFO	Robort Riggo	6284 Townscentor Circle Naples, FL 34119
Remove			
3) Change Add Remove			
4) Change			
Remove			
5) Change Add Remove			
			
6) Change Add Remove			

amending or adding additional Art tach additional sheets, if necessary).	(Re specific)	
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		····
H-P-1		
an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	the first state of the second state of the sec	···· -

The date of each amendment(s) adoption	n: April 25, 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 was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval,
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement oning 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 action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required	y the incorporators without shareholder action and shareholder
Dated April 25, 21	012/
	president or other officer - if directors or officers have not been in incorporator - if in the hands of a receiver, trustee, or other court
appointed fide	iciary by that fiduciary)
Mar	rcelo W. Mattschei DDS (Typed or printed name of person signing)
Pre	sident
110	(Title of person signing)