

P100000073661

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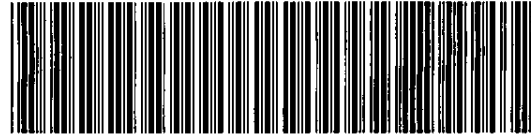
(Business Entity Name)

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**FILED**  
10 DEC -7 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** JB DENTAL LABORATORY, INC

**DOCUMENT NUMBER:** P10000073661

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

Please return all correspondence concerning this matter to the following:

LIVAN PAMPILLO

Name of Contact Person

SMART ACCOUNTING SOLUTIONS INC

Firm/ Company

8204 CRYSTAL CLEAR LN SUITE 1000

Address

ORLANDO, FL 32809

City/ State and Zip Code

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

For further information concerning this matter, please call:

LIVAN PAMPILLO

Name of Contact Person

at ( 407 )

816-9904

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)

**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

**Articles of Amendment  
To  
Articles of Incorporation  
Of**

**JB DENTAL LABORATORY, INC  
P10000073661**

**FILED**  
**10 DEC -7 PM 3:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Pursuant to the provisions of Section 607-1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number (s) being amended, added, or deleted)

**ARTICLE V**

The name and Florida Street address of the registered agent is:

**JENNY M TORRES  
812 OAKDALE ST  
WINDERMERE, FL 34786**

I certify that I am Familiar with and accept the responsibilities of registered agent:

Registered Agent Signature: **JENNY TORRES**

**ARTICLE VII**

The initial officer(s) and/or director(s) of the corporation is/are:

**Title: P  
JENNY M TORRES ----- 100 SHARES  
812 OAKDALE ST  
WINDERMERE, FL 34786**

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**NONE**

**THIRD:** The date of each amendment's adoption: October 28, 2010.

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

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

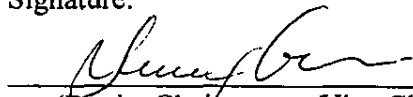
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by

\_\_\_\_\_".  
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and which was not required.

Signed this 28<sup>th</sup> day of October, 2010.

Signature:



(By the Chairman or Vice Chairman of the Board of directors, President or other officer if adopted by the shareholders)

**OR**

(By a director if adopted by directors)

**OR**

(By an incorporator if adopted by the incorporators)

**JENNY M TORRES**

\_\_\_\_\_  
Typed or printed name

**PRESIDENT**

\_\_\_\_\_  
Title

*Attachment*

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/ REGISTERED OFFICER**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICER/ REGISTER AGENT, IN THE STATE OF FLORIDA.

1-) THE NAME OF THE CORPORATION IS:

**JB DENTAL LABORATORY, INC**

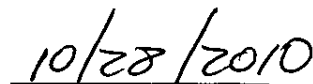
2-) THE NAME AND ADDRESS OF THE REGISTER AGENT/OFFICER IS:

**JENNY M TORRES  
812 OAKDALE ST  
WINDERMERE, FL 34786**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
Signature

  
Date