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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A PLUS DENTAL LAB, INC.
Name of Corporation

DOCUMENT NUMBER: P11000014537

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONG H. CHO
Name of Contact Person

A PLUS DENTAL LAB, INC.
Firm/Company

409 MONTGOMERY ROAD, SUITE 151
Address

ALTAMONTE SPRINGS, FL 32714
City/State and Zip Code

aplusdentallab@hanmail.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONG H. CHO at (407) 488-4357
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

for

A PLUS DENTAL LAB, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P11000014537

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation,
(Document Type Being Corrected)

filed with the Department of State on February 9, 2011,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

1) Article II. Principal Address was incorrectly stated as:

409 Montgomery Road, Suite 155, Altamonte Springs, FL 32714, US

2) Article II. Mailing Address was incorrectly stated as:

409 Montgomery Road, Suite 155, Altamonte Springs, FL 32714, US

3) Article V. Registered Agent Address was incorrectly stated as:

409 Montgomery Road, Suite 155, Altamonte Springs, FL 32714, US

Correct the inaccuracy, incorrect statement, or defect:

1) Article II. Principal Address shall be corrected to:


409 Montgomery Road, Suite 151, Altamonte Springs, FL 32714, US

2) Article II. Mailing Address shall be corrected to:

409 Montgomery Road, Suite 151, Altamonte Springs, FL 32714, US

3) Article V. Registered Agent Address shall be corrected to:

409 Montgomery Road, Suite 151, Altamonte Springs, FL 32714, US


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JONG H. CHO

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00