

P13000064234

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000140756 3)))



H150001407563ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

15 JUN 10 PM 4:56

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850)617-6380

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2015 JUN 10 AM 10:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BILTMORE DENTAL NETWORK CO.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Amend
@ 6/11/15

04/21/2033 06:27
From: Luis O Sandoz Fax: (888) 552-1321
04/19/2033 08:28

To: +13052201440

Fax: +13052201440

Page 3 of 3 06/10/2015 12:25 PM

#4046 P.002/002

#3952 P.002/002

Articles of Amendment
to
Articles of Incorporation
of

BILTMORE DENTAL NETWORK CO.

Florida Document Number: P13000064234

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 REGISTERED AGENT NAME & ADDRESS

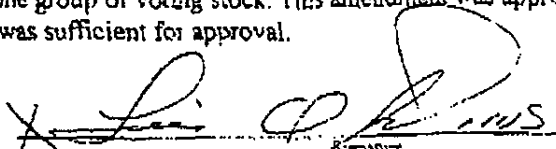
VALDES MARIA E
10322 W FLAGLER ST
MIAMI, FL 33174

DELETE AS VP ALBERTY MARIA F

CHANGE: VALDES MARIA E. (VP AND S)

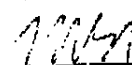
These articles of amendment were adopted on 06-09-2015

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.


Signature
Luis O Sandoz President
Printed Name and Title

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

H15000140756

H15000140756

FILED
SECRETARY OF STATE
JUN 10 AM 10:05