

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.

(((H15000262157 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6380

NOV 04 2015

From:

: SERBER & ASSOCIATES, P.A. Account Name

Account Number : 120000000083

Phone

: (305)932-6262

Fax Number

: (305)933-9393

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN NEW IMAGE DENTAL STUDIO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW IMAGI	E DENTAL STUD	O, INC
DOCUMENT NUMBER: P14000073490)	
The enclosed Articles of Amendment and fee are subt	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Daniel J. Serber		
	Name of Contact Person	<u> </u>
Serber & Associate	<u> </u>	
	Firm/ Company	···
2875 NE 191st Str	eet Suite 801	
	Address	
Aventura, Florida 3	33180	
· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
info@serberlawfirm.co	om	
E-mail address: (to be used	for future annual report notif	(cation)
For further information concerning this matter, please	call:	
Yolanda L. Fornaris	at(305)	32-6262
Name of Contact Person		Daytime Telephone Number
Enclosed is a check for the following amount made pay	yable to the Florida Departme	nt of State:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	552.50 Filing Fee Pertificate of Status Pertified Copy Additional Copy Is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Build	Section Corporations ling ive Center Circle

Articles of Amendment to Articles of Incorporation of

FILET +15 NOV -3 AHT!: 20

TALLAMASCEE, EL TALLA

NEW IMAGE DENTAL STUDIO, INC.

	- /
(Name of Corporation as currently	filed with the Florida Dept. of State)
P14000073490	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florists Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association," or th	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the ne abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)
•	
D. If amending the registered agent and/or registence new registered agent and/or the new registered.	ered office address in Florida, enter the name of the doffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:
	I am familiar with and accept the obligations of the position.
Signature of N	Vow Registered Agent, if changing
	· · · · · · · · · · · · · · · · · · ·

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasure; Changes should be noted	and/or D if necess rector titl President = Chief k r, Directo in the for ves the c	irector being added: ary) e by the first letter of the office title: ; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds mo or would be PTD. Howing manner. Currently John Doe is listed as t orporation, Sally Smith is named the V and S. The	er/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
X Change	PT	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address ·
1) Change	CFO	ARELYS, MARANON	6383 10TH AVE NORTH
Add			SUITE A
Remove			GREENACRES, FL 33463
2) X Change	P	CRISTIAN A VARGAS	1695 Florida Mango Rd
Add			Suite 6
Remove			West Palm Beach FL
3) Change			33406
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			

	ecessary). (Be s	pecific)			
					_
· · · · · · · · · · · · · · · · · · ·					
				_	
	<u> </u>				_
					_
					_
					_
		reclassification, or	cancellation of issu	ied shares,	
an amendment provides for implementin (if not applicable, indica	g the amendmen	t if not contained I	n the amendment i	<u> 13611.</u>	
rovisions for implementin	g the amendmen	t if not contained I	n the amendment i	<u></u>	
rovisions for implementin	g the amendmen	t if not contained I	n the amendment i		
rovisions for implementin	g the amendmen	t If not contained I	n the amendment i		
rovisions for implementin	g the amendmen	t If not contained I	n the amendment i		
an amendment provides for implementin (if not applicable, indica	g the amendmen	t If not contained I	n the amendment i		
rovisions for implementin	g the amendmen	t If not contained I	n the amendment i		
rovisions for implementin	g the amendmen	t If not contained I	n the amendment i		

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendme	ent file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east by the shareholders was/were sufficient for approval.	for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. T must be separately provided for each voting group entitled to vote separately on the	The following statement comendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approv	val
by(vosing group)	·"
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	uction and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	a and shareholder
Dated_10/30/2015	
Signature Colo My	
(By a director, president or other officer - if directors of off	
selected, by an incorporator — if in the hands of a receiver, t appointed fiduciary by that fiduciary)	trustee, or other court
CHRISTIAN A VARGAS	
(Typed or printed name of person	signing)
PRESIDENT	
(Title of person signing)	V