## P17000079579

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C. GOLDEN

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	BIOPRODENT C RATION:	ORP	
DOCUMENT NUMI	P17000075579 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JUAN VERA		
	VERSA AMERICA CORP	Name of Contact Person	1
	5651 DAVIERD, SUITE C	Firm/ Company	
	DAVIE, FL33314	Address	
		City/ State and Zip Code	2
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
JUAN VERA		954 at (	, 888 0040
Name (	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Depa	irtment 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)
Amo Divi P.O.	ling Address Induct Section Ission of Corporations Box 6327 Islansee, FL 32314	Amend Divisio Clifton	Address Intent Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** n

	to
	Articles of Incorporatio
	of
BIOPRODENT CORP	

. 4

(Name of Corporation as currently	filed with the Florida Dept. of State) 4.57 18 PH 4
P17000075579	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>E</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered." "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Sionature of New Re	egistered Agent, if changing
a	

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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one tule, list the first letter of each office held. President, Treasurer, Director would be <math>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>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
$\underline{X}$ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	MANUEL G. SOLORZANO	1555 BONAVENTURE BLVD
Add Remove			SUFFE 1020 WESTON, FL 33326
2) Change	<u>-</u>		
Add Remove			
3 ) Change Add			
Remove 4) Change			
Add			
5) Change			<del></del>
Remove			
6) Change Add			
Remove			

attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<del></del>	
, , , , , , , , , , , , , , , , , , , ,	
100	
<del></del>	
*****	
***************************************	
	hange, reclassification, or cancellation of issued shares,
an amendment provides for an evolu	iange, retrassification, of cancenation of issued silares.
rovisions for implementing the amer	ndment if not contained in the amendment itself:
an amendment provides for an exch rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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rovisions for implementing the amer	endment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than W) days after amendment file date)	<u> </u>
	(no more than 90) days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment( sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment( $s$ ):	ent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
11-12-2	2019	
Dated		
Signature	Juanvera	
(By- sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other coubinted fiduciary by that fiduciary)  JUAN VERA	
	(Typed or printed name of person signing) DIRECTOR	
	(Title of person signing)	