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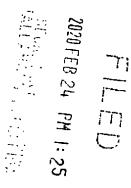
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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MAR 1 4 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DENTAL ENGINE	EERING DESIGNS INC			
	ER: P19000054482				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ALEXANDER SANTIAGO				
•		Name of Contact Persor	1		
		Firm/ Company			
	449 NW PRIMA VISTA BLVD				
•		Address			
	PORT SAINT LUCIE. FL 34983				
		City/ State and Zip Code	2		
	DENTALENGINEERINGS@	@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ALEXANDER SANT	IAGO	at (924-5527		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DENTAL ENGINEERING DESIGNS INC

(Name o	of Corporation as currently f	iled with the Florida Dept. of S	itate)
P19000054482			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
	<u> </u>		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,"	Torp," "Inc," or "Co". A p		
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)			FILED 2000 FEB 24 PH
D. If amending the registered agent ar new registered agent and/or the new		s in Florida, enter the name of	the - 25
Name of New Registered Agent	ALEXANDER SANTIAGO		
<u> </u>	449 NW PRIMA VISTA BLV	VD	
	tFlorida street	address)	
New Registered Office Address:	PORT SAINT LUCIE	, Flor	34983 rida
	(C)	ity)	(Zip Code)
New Registered Agent's Signature, if call thereby accept the appointment as registed.	ered agent. I am familiar with	enticse	he position.
	Signature of New Regi	istered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 title, list the first letter of each office held. President, Treasurer, Director would be 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	VALERIE A DELGADO	449 NW PRIMA VISTA BLVD
Add			PORT SAINT LUCIE. FL 34983
X Remove			
2) Change	<u>P</u>	ALEXANDER SANTIAGO	449 NW PRIMA VISTA BLVD
X Add			PORT SAINT LUCIE. FL 34983
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	dding additional Art I sheets, if necessary).	(Be specific)				
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			_ .		· -	
f an amendmer	t provides for an exc	hange, reclassifi	cation, or cance	ellation of issued	d shares,	
<u>provisions for i</u>	mplementing the am	endment if not c	ontained in the	amendment its	elf:	
(if not appli	cable, indicate N/A)					
	· · ·		•			
						
			·			
 ,						
						

	02/20/2020	
The date of each amendment(s) a	loption:	, if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this be document's effective date on the Do		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of volfficient for approval.	otes cast for the amendment(s)
	proved by the shareholders through voting g each voting group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficient for	or approval
by		
, <u></u>	(voting group)	
	Z/Z1/Z0 Valme Delgavo irector, president or other officer - if director	
	d, by an incorporator – if in the hands of a re ted fiduciary by that fiduciary)	eceiver, trustee, or other court
	VALERIE A DELGADO	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person signing)	