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Amer D. N.C. C. Coulliette MAY 3 1 2005

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: <u>Dr. Clayt</u>	on Roth. P.A.	
DOCUMENT NU	J MBER: <u> </u>		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
	Stephen V. Hoffman, Es (Name	q. of Contact Person)	
i	Mastriana & Christians (Fü	en, PA rm/Company)	<u> </u>
_15	00 N. Federal Highway,	Suite 200 (Address)	·································
E	ort Lauderdale, FL 333 (City/S	304 tate/ and Zip Code)	<u>-</u>
For further inform	ation concerning this matter,	please call:	
	offman, Esq. e of Contact Person)	at (<u>954</u>) <u>566–12</u> (Area Code & Daytim	34 e Telephone Number)
Enclosed is a chec	k for the following amount:		
□ \$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)
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Street Address Amendment Sect Division of Corpo 409 E. Gaines Str	orations

Tallahassee, FL 32399

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 19, 2005

STEPHEN V. HOFFMAN MASTRIANA & CHRISTIANSEN, PA 1500 N. FED. HWY., STE. 200 FT. LAUDERDALE, FL 33304

SUBJECT: DR. CLAYTON ROTH, P.A.

Ref. Number: P92000001905

We have received your document for DR. CLAYTON ROTH, P.A. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 205A00036119

Articles of Amendment to Articles of Incorporation of



Dr. Clayton Roth, P.A.

(Name of corporation as currently filed with the Florida Dept. of State)

P92000001905
(Document number of corporation (if known)

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 CORPORATE NAME (if changing):

Clayton L. Roth, D.D.S., P.A

	Stephen V. Hoffman, Esq.
	1500 N. Federal Highway, Suite 200
	Fort Lauderdale, FL 33304
	<u> </u>
	(Attach additional pages if necessary)

(continued)

The date of each amendment(s) adoption: April 13, 2005	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signed this 13 day of April , 2005	
Signature (Bya director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	tr-
Clayton L. Roth (Typed or printed name of person signing)	
Director (Title of person signing)	547 £

FILING FEE: \$35

Acceptance of Registered Agent

Having been named to accept service of proce	ss for Dr. Clayton Roth, P	.A., now known
as Clayton L. Roth, D.D.S., P.A., at 1500	North Federal Highway,	Suite 200, Fort
Lauderdale, Florida 33304, I hereby agree to	act in this capacity, and I	further agree to
comply with the provisions of all statute	s relative to the proper	and complete
performance of my duties.)	

SIGNATURE: Stephen V. Hoffman

DATE: