V62449

(Requ	estor's Name)
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(City/S	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busin	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:
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FILED

AND ASSECT FLOCIDA

N.C.

C. Coulliette JUN 0 8 2005



ACCOUNT NO. : 072100000032

REFERENCE : 404178 81442A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: June 2, 2005

ORDER TIME : 11:34 AM

ORDER NO. : 404178-015

CUSTOMER NO: 81442A

CUSTOMER: Ms. Nikki Himebaugh

Charles H. Ball, P.a. 1444 First Street

Sarasota, FL 34236

DOMESTIC AMENDMENT FILING

NAME: GULFCOAST DENTAL LAB, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER'S INITIALS:



June 2, 2005

CSC

ATTN: AMANDA TALLAHASSEE, FL

SUBJECT: GULFCOAST DENTAL LAB, INC.

Ref. Number: V62449

We have received your document for GULFCOAST DENTAL LAB, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

You have used the wrong form for filing a profit amendment, you submitted a not for profit application. Please use the correct form and resubmit for filing with a copy of this letter.

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: 205A00039170

RESUBMIT



Articles of Amendment to Articles of Incorporation

	1 Lab, Inc	<u> </u>	. ,			•-
(Name of	corporation as	currently filed with	the Florida	Dept. of State)		
77.6.2.6.10				, -	region to the	
V62449	(Document	number of corpora	tion (if know	n)		
rsuant to the provisions of sopts the following amendm				Florida Profit	Corporation	
W CORPORATE NAMI	E (if changin	<u>g):</u>		÷		
Perception Dental	Laborato:	ries, Inc.	v4. v	· . <u>.</u>		-
ust contain the word "corporatio	n," "company,"	or "incorporated"	or the abbrevi	iation "Corp.," "In	nc.," or "Co.")	-
professional corporation must co	ontain the word	"chartered", "profe	essional assoc	iation," or the ab	breviation "P.A.	.")
	n /omm	~~~~		3) T 1' (4)		
MENDMENTS ADOPTE					icle Number(s)
l/or Article Title(s) being a	imended, add	ed or deleted: ()	BE SPECIF	IC)		
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	(Attach	additional pages if	necessary)			05 JUN -8 PM 1: 1.1
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an amendment provides for	r exchange, re	eclassification,	or cancellat			
an amendment provides for implementing the amendment	r exchange, re	eclassification,	or cancellat			
	r exchange, re	eclassification,	or cancellat			
	r exchange, re	eclassification,	or cancellat			

(continued)

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(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 an shareholder action was not required.
Signed this 1st day of June, 2005. Signature (hel Em Elm)
(By a 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)
Charles E. McClemens (Typed or printed name of person signing) President Director (Title of person signing)
President Director (Title of person signing)

FILING FEE: \$35