P03000007846

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SECRETARY OF STATE

NC

AUG 2 1 2012

T. BROWN

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations DEAN H. Freeman, PA NAME OF CORPORATION: 10300000 7846 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DEAN FREEMAN

Name of Contact Person FREEMAN Injury LAW
Firm/Company 201 N. STATE Rd. 7 Margate FC 33063

City/State and Zip Code dfreeman@dhflaw.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Freeman at (954) 979 - 1944

of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



August 2, 2012

DEAN FREEMAN FREEMAN INJURY LAW 201 N STATE RD 7 MARGATE, FL 33063

SUBJECT: DEAN H. FREEMAN P.A.

Ref. Number: P03000007846

We have received your document for DEAN H. FREEMAN P.A. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

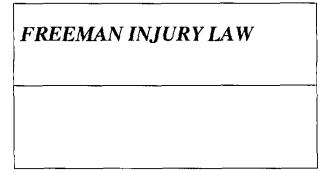
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 212A00020166



Telephone (954) 979-1944 Facsimile (954) 979-1225 Dean H. Freeman R.N. Attorney at Law

August 13, 2012

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

RE: P03000007846

Dear Ms. Teresa Brown:

Please allow this letter to memorialize that Freeman Injury Law, P.A. has no intention of revoking the dissolution and releases the name for use to another entity.

Therefore, please process the name change amendment.

Sincerely,

Articles of Amendment to

DIVISION DARY DE
DIVISION OF CORPORATIONS 12 AUG 17 PM 2: 29
PH 2:20

•	Articles of Incorpo	oration	12 AUG IS CARPORA
	of	0.4	12 AUG 17 PM 2: 25
DEAN H.	treeman	P.A.	
(Name of Corporation as cur		Florida Dept. of State)
	07846		
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		this <i>Florida Profit Co</i>	rporation adopts the following
A. If amending name, enter the new name	of the corporation:		
FREEMAN	Thiory 1	AW P.A.	m)
TREEMAN name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	ie designation "Corp,	" "Inc," or "Co". A	professional corporation
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		SAME	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		SAME	
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:			the name of the
New Registered Office Address:	(Florida :	street uddress)	
			Florida
	(City)	(Zip C	
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ging Registered Agen agent. I am familiar	t: with and accept the ol	bligations of the position.
	Signature of New Re	gistered Agent, if chang	eing

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) Address Type of Action <u>Title</u> Name ☐ Add _____ ☐ Add ____ ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s	adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
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(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	7/24/12
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	DEAN FREEMAN
	(Typed or printed name of person signing)
	fres.
	(Title of person signing)