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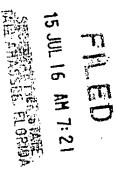
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2015

CRAIG DERNIS CRAIG DERNIS, P.A. 1021 IVES DAIRY ROAD, SUITE 111 MIAMI, FL 33179

SUBJECT: CRAIG DERNIS, P.A. Ref. Number: P03000063389

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Letter Number: 315A00009548

Cheryl R McNair Regulatory Specialist II JE 16 M 7:21



The Collision Law Center

July 10, 2015

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

Re:

Craig Dernis, P.A.

Ref Number: P03000063389

Dear Sir/Madam:

I wish to change the name of my corporation from Craig Dernis, P.A. to The Collision Law Center. I previously submitted the necessary documents to apply for this change, however, my request was denied because there is another corporation with the same name, The Collision Law Center. The other corporation was also owned by me, however, on July 10, 2015, I dissolved this corporation and I do not intend to reinstate it.

Therefore, at this time, I am reiterating my request that the name of the corporation (FEI/EIN 200037253) be changed Craig Dernis, P.A. be changed to The Collision Law Center.

I am resending the application and you should already be in possession of a check in the amount of \$35.

Thank you. Please let me know if there is anything else I need to do.

Sincerely,

Craig Dernis, Esq.

enclosure

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Craig Dernis, P.A.		
DOCUMENT NUM	P0300063389		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	The state of the s
Please return all corre	spondence concerning this ma	itter to the following:	
	Craig Dernis		
		Name of Contact Person	1
	Craig Dernis, P.A.		
		Firm/ Company	
	1021 Ives Dairy Road, Suite	111	
		Address	
	Miami, FL. 33179		
		City/ State and Zip Cod	e
craig	@collisionlawcenter.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Craig Dernis		at (³⁰⁵	792-7717
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Craig Dernis, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P03000063389 (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: A. If amending name, enter the new name of the corporation: The Collision Law Center, P.A. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

Example: 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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach at	dditional sheets	s, if necessary).	cles, enter chans (Be specific)				
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f an ame	endment provi	ides for an exch	ange, reclassific	ation, or cancell	ation of issued s	shares,	
provisio	ons for implem	enting the ame	ndment if not co	ntained in the a	mendment itself	<u>:</u>	
(if n	iot applicable. i	indicate N/A)					
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as me
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
April 27, 2015 Dated	
Signature	
(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)	
Craig Dernis	
(Typed or printed name of person signing)	
President	

(Title of person signing)