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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: MICHAEL FREEM	MAN, OMIO, PA
DOCUMENT NUMBER:	·
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	og:
MICHAEL FREE Name of Conta MICHAEL FREE Firm/ Com 100 MAGNOLIA S Addres JACKSON VILLE FL City/ State and MIERFEMANTT OF COMP	MN DMD PA II
E-mail address: (to be used for future annu	
MICHAEL PREEMAN at L	107) 435-2899 Area Code & Daytime Telephone Number
Name of Contact Person Enclosed is a check for the following amount made payable to the Flor \$\sum_{\text{S}}\$ \sum_{\text{S}}\$ \sum_{\text{C}}\$ \sum_{\text{E}}\$ \sum_{\text{C}}\$ \sum_{\text{C}}\$ \sum_{\text{E}}\$ \sum_{\text{C}}\$ \sum_{\text{C}}\$ \sum_{\text{E}}\$ \sum_{\text{C}}\$ \sum_{	rida Department of State: Fee & □\$52.50 Filing Fee y Certificate of Status
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

MICHAEL FREEMAN DM.	O PA
P18000 Signature of Corporation as current	ly filed with the Florida Dept. of State)
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	三 三 三 三
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	1
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet 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	
Signature of New I	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, an 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 = Chie, 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> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	MICHAEL FREEMIN IT	100 MAGNILIAST #5702
Add			±5702
Remove			JACKSONVILLE FL 32204
2) Change	VP	MICHAEL FREEMAN II	100 MALNOLIA ST #5202
Add	,		JACKGNVILLE FL 32204
3) Change		MICHAEL FREEMY II	100 MALNOLIA ST # 5202
Remove			JACKSONVILLE FL 32204
4) <u>></u> Change Add	T	MICHAEL FREEMAN II	100 MALNOLLA ST # 5202
Remove			JACKSONVILLE FL 32204
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	(s) here:		
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an amendment provides for an exc	hange, reclassificat	ion, or cancellati	on of issued shar	es,
rovisions for implementing the amo (if not applicable, indicate N/A)	endment if not cont	ained in the ame	ndment itself:	
				•
				

The date of each amendment(s) adoption:	, if other than th
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, the document's effective date on the Department of State's records.	nis date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Signature (By a director, president or other officer – if directors or officers have not be a signature of the signature of	
Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other	been : court
appointed fiduciary by that fiduciary)	Court
MICHAEL FREEMAN II. (Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	