# OP \$40.00 5619443

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM708373

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Jeffrey Feulner, P.A.		01/12/2022	Corporation: FLORIDA

### **RECEIVING PARTY DATA**

Name:	Moses Family Law, P.A.
Street Address:	30 Vassar Street
Internal Address:	Suite 200
City:	Orlando
State/Country:	FLORIDA
Postal Code:	32804
Entity Type:	Corporation: FLORIDA

### **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	5619443	MEN'S DIVORCE LAW FIRM

### **CORRESPONDENCE DATA**

Fax Number:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

**Phone:** 4078411200

Email: dhathaway@deanmead.com

Correspondent Name: David P. Hathaway
Address Line 1: 420 S. Orange Ave.

Address Line 2: Suite 700

Address Line 4: Orlando, FLORIDA 32801

NAME OF SUBMITTER:	David P. Hathaway
SIGNATURE:	/dph/
DATE SIGNED:	02/15/2022

### **Total Attachments: 5**

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Articles of Amendment to Articles of Incorporation

IEFFREY FEULNER, P.A.			ت
(Name of	Corporation as currently	filed with the Florida Dept. of State)	
P04000082521			<u> </u>
	(Document Number of	Corporation (if known)	1/2
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this $F$	lorida Profit Corporation adopts the folio	wing amendm
A. If amending name, enter the new na	me of the corporation:		
MOSES FAMILY LAW, P.A.			The nev
name must be distinguishable and contain to Inc.," or Co.," or the designation "Co Chartered," "professional association,"	orp," "Inc," or "Co". A	ampany," or "incorporated" or the abbrev professional corporation name must co	iation "Corp., ntain the wor
<ol> <li>Enter new principal office address, i Principal office address MUST BE A ST</li> </ol>			
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applic			
(Mailing address MAY BE A POST C	OFFICE BOX)		
			<del></del>
D. If amending the registered agent an	d/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new	v registered office address:		
Name of New Registered Agent	JEAN M. MOSES		
Traine of 11g is 11g pilet will gen.	730 VASSAR ST., SUITE:	200	
	(Florida stre	et address)	
V Postar al Office Address	ORLANDO	Florida 32	804
New Registered Office Address.	(		(Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if cl I hereby accept the appointment as registe	hanging Registered Agent:		•
	Signature of New Re	gistered Agent, if changing	
	2.8 + 39	g	

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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:

To:

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>	Name	<u>Addres</u> s
1) Change	P	JEFFREY FEULNER	730 VASSAR ST., SUITE 200
Add			ORLANDO, FL 32804
Remove 2) Change	DPST	JEAN M. MOSES	730 VASSAR ST., SUITE 200
X Add			ORLANDO, FL 32804
Remove 3) Change			4-2-
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Fax: (850) 617-6380

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	of sheets, if necessary).	. (De specific)				
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If an amandme	nt provides for an ex	change reclassific	ation, or cancellat	ion of issued sha	ares.	
nrovisions for	implementing the an	nendment if not co	ntained in the am	endment itself:	<del></del>	
(if not app	implementing the an licable, indicate N/A)					
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From:	Leshe	Perryman	

Fax: 14078411200

To:

Fax: (850) 617-6380

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The date of each amendment(s) adoption:	January 6, 2022	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file day	(a)
	(no more than 90 days after amenament file au	<i>e)</i>
Note: If the date inserted in this block does no document's effective date on the Department of	ot meet the applicable statutory filing requirement State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CII	ECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without share	holder action and shareholder
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the a approval.	mendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The follow group entitled to vote separately on the amendm	ent(s): 202
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	JAN
by	ing group)	<b>~</b>
. /. /		AM 10:
Dated	1022	<b>3</b>
Signature		
(By a director, presi selected, by an inco appointed fiduciary	ident or other officer if directors or officers have proporator – if in the hands of a receiver, trustee, or by that fiduciary)	e not been r other court
JEAN M. N	MOSES	
	Typed or printed name of person signing)	
PRESIDEN	JT	
	Title of person signing)	,

TRADEMARK
REEL: 007634 FRAME: 0267

**RECORDED: 02/15/2022**