

P080000 14446

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michael Sorenson, A.P.S., Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000014446

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Sorenson

(Name of Contact Person)

Michael Sorenson, A.P.S., Inc.

(Firm/Company)

2023 N Atlantic Avenue, Ste #274

(Address)

Cocoa Beach, FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Rogers

(Name of Contact Person)

at ( 317 ) 489-5754

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**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 CORRECTION

for

Michael Sorenson, A.P.S., Inc.

Name of Corporation as currently filed with the Florida Dept. of State

P08000014446

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation hereby corrects these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on 2/07/2008

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The address of the Secretary and Treasurer was not filed correctly.

The Secretary and Treasurer's name is Catherine Rogers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

The correct address for Catherine Rogers is as follows:

331 West 40th Street

Indianapolis, IN 46208-3930

\_\_\_\_\_  
\_\_\_\_\_



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

NEAL RAHMAN

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

**Filing Fee: \$35.00**

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