# P98000033585

| (Re                     | questor's Name)   | ·           |
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10 OCT -1 AM 10: 00

N.C.

C.COULLIETTE

OCT 0 6 2010

**EXAMINER** 

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP                | PORATION:                                  | WOHLSIFER & ASSOCIATES, P.A.   |  |  |
|-----------------------------|--|--|--|--|
| DOCUMENT NU                 | MBER:                                      | BER:P98000033585   |  |  |
| The enclosed Artic          | les of Amendment and fe                    | ee are submitted for filing.   |  |  |
| Please return all co        | rrespondence concerning                    | this matter to the following:  |  |  |
|                             | w  | VILLIAM R. WOHLSIFER   |  |  |
| Name of Contact Person      |  |  |  |  |
|                             | WIL  | LIAM R. WOHLSIFER, PA  |  |  |
| •                           | Firm/ Company                              |  |  |  |
| 1100 EAST PARK AVE, SUITE B |  |  |  |  |
| -                           | Address                                    |  |  |  |
|                             | _  |  |  |  |
| -                           | T/   | ALLAHASSEE FL 32301  |  |  |
|                             |  | City/ State and Zip Code   |  |  |
|                             | willi                                      | iam@wohlsifer.com  |  |  |
|                             | E-mail address: (to be                     | used for future annual report notification)  |  |  |
| For further informa         | ation concerning this mat                  | ter, please call:  |  |  |
| Will                        | liam R. Wohlsifer                          | at ( <u>850</u> ) <u>219-8888</u>  |  |  |
| - Name                      | of Contact Person                          | at ( 850 ) 219-8888  Area Code & Daytime Telephone Number                                |  |  |
| Enclosed is a check         | k for the following amoun                  | nt made payable to the Florida Department of State:                                      |  |  |
| ☑ \$35 Filing Fee           | \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) |  |  |
| Mailing Ac                  | ldress                                     | Street Address   |  |  |
| Amendment Section           |  | Amendment Section  |  |  |
| Division of Corporations    |  | Division of Corporations   |  |  |
| P.O. Box 6327               |  | Clifton Building   |  |  |
| Tallahassee Fl 32314        |  | 2661 Executive Center Circle   |  |  |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## WOHLSIFER & ASSOCIATES, P.A.

| (Name of Corporation as current   | ly filed with the Florid         | a Dept. of State)             |   |
|---|----------------------------------|-------------------------------|---|
|   | 0033585                          | <u></u>                       |   |
|   | r of Corporation (if kno         | wn)                           |   |
| Pursuant to the provisions of section 607.1006, I amendment(s) to its Articles of Incorporation:  | Florida Statutes, this <i>Fl</i> | lorida Profit Corporation add | opts the following  |
| A. If amending name, enter the new name of th   | e corporation:                   |                               |   |
| WILLIAM R. V  | WOHLSIFER, PA                    |                               | The new   |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profess                                       | signation "Corp," "Inc           | e," or "Co". A professional   |   |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET)   |                                  |                               | _   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or reginew registered agent and/or the new registered. | BOX)                             | n Florida, enter the name of  | SEURETARY OF STATE OVISION OF CORPORATIONS  10 OCT -4 AM 10: 00 |
| Name of New Registered Agent:   |                                  |                               |   |
| New Registered Office Address:  | (Florida street a                | <br>nddress)                  |   |
|   |                                  | , Florida                     |   |
|   | (City)                           | (Zip Code)                    |   |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent  Sign   |                                  |                               | he position.  |

# 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)

| <u>Title</u> | <u>Name</u>  | <u>Address</u>  | Type of Action |
|--------------|--|---|----------------|
|              |  |   |                |
|              |  |   |                |
| <u></u>      | -  |   | ☐ Add☐ Remove  |
|              | nding or adding addition<br>additional sheets, if necess | al Articles, enter change(s) here: sary). (Be specific)                             |                |
|              |  |   |                |
|              |  | an exchange, reclassification, or cancel<br>te amendment if not contained in the ar |                |
|              | not applicable, indicate N                               |   |                |
|              |  |   |                |
|              |  |   |                |
|              |  |   |                |

| The date of each amendment                         | (s) adoption: <u>09</u> | /30/2010  |
|--|-------------------------|---|
| Effective date if applicable:                      | 09/30/2010              | (date of adoption is required)  |
|  | (no more than 9         | 0 days after amendment file date)   |
| Adoption of Amendment(s)                           | ( <u>CH</u>             | ECK ONE)  |
| The amendment(s) was/we by the shareholders was/we |                         | shareholders. The number of votes cast for the amendment(s) approval.   |
|  |                         | e shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s): |
| "The number of votes                               | cast for the amend      | dment(s) was/were sufficient for approval   |
| by   |                         | .,,   |
|  | (voting group)          |   |
| The amendment(s) was/we action was not required.   | re adopted by the       | board of directors without shareholder action and shareholder   |
| The amendment(s) was/we action was not required.   | re adopted by the       | incorporators without shareholder action and shareholder  |
| Dated_09/3   | 0/2010<br>Welling       | R. Globble  |
| (By  |                         | ent or other officer - if directors or officers have not been   |
|  |                         | porator – if in the hands of a receiver, trustee, or other court  |
| арр  | ointed fiduciary b      | y that fiduciary)   |
| ,  |                         | WILLIAM R. WOHLSIFER  |
|  | (Тур                    | ped or printed name of person signing)  |
|  |                         | DIRECTOR  |
|  | (Title of               | person signing)   |