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SECREJARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WILK	ES & HEDRICK, P.A.
DOCUMENT NUMBER: _p990000656	505
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	ARC P. OSSINSKY, ESQUIRE
((Name of Contact Person)
	OSSINSKY & CATHCART, P.A.
	(Firm/ Company)
2	699 LEE ROAD, SUITE 101
	(Address)
	NTER PARK, FLORIDA 32789 (City/ State and Zip Code)
For further information concerning this n	
JOANN DUNCAN	at (407) 629-2484
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am-	ount made payable to the Florida Department of State:
▼\$35 Filing Fee Statu Statu	
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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF

WILKES & HEDRICK, P.A.

Pursuant to Florida Statute §607.1003, the sole Director and Shareholder of WILKES & HEDRICK, P.A. has adopted resolutions pursuant to the aforementioned statute by unanimous consent of all Directors and Shareholders entitled to vote which amend the Articles of Incorporation to read as follows:

Article I

Article I of the Articles of Incorporation is amended to read as follows:

Name of Corporation. The name of the corporation shall be:

MICHAEL F. WILKES, P.A.

All other unamended Articles of the original Articles of Incorporation are incorporated herein by reference and remain unchanged.

Date of adoption April 1, 2009.

Effective date of this amendment shall be April 1, 2009.

MICHAEL F. WILKES, President/ Director/Sole Shareholder

STATE OF FLORIDA COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 26 day of March, 2009 by MICHAEL F. WILKES, President and Director, on behalf of the corporation. He is personally known to me, or has produced

[type of identification] and did take an oath.

NOTARY PUBLIC, STATE OF FLORIDA

Printed Name: Dawn J. KOEPER

My Commission Expires:

