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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WILKERSON'S H	YDROLOGY SE	RVICEIN	<u>. </u>		
DOCUMENT NUMB						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following	ig:			
	SUSAN Ð. MICHEL					
	Name of Contact Person					
	WILKERSON'S HYDROLOGY SERVICE INC.					
•	Firm/ Company					
	100 SW 4TH STREET					
-	Address					
	MULBERRY, FL 33860					
•		City/ State and	Zip Code			
	ADMIN@WILKERSONHY	DROLOGY.COM	l			
	E-mail address: (to be us	sed for future annu	ial report r	otification)		
For further information	concerning this matter, pleas		863) 425-2407		
Name o	f Contact Person	at (Area Cod	_) e & Daytime Telephone Number		
	the following amount made	payable to the Flo				
35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	У	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314		Division The Cer 2415 N	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810		

Articles of Amendment to Articles of Incorporation of

WIEKERSON'S HTDROEDGT SERVICE INC.		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
S95194		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the foll	owing amendment(s) t
A. If amending name, enter the new name of the corporation:	<u> </u>	
HIA		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	. A professional corporation name must co	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
	1000	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	THE PROPERTY OF THE PROPERTY O
		0 232
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		PH 12: 5
Name of New Registered Agent 14/4-		_ ·
(Florida	street address)	
New Registered Office Address:	, Florida	<u></u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:	
hereby accept the appointment as registered agent. I am Jamilia		ion.
Cirman	w Registered Agent, if changing	
Signature of Nev	у кедімегей яделі, ң спиндіну	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

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 PTJohn Doe X Remove Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> <u>Address</u> (Check One) PD WILKERSON, WILLIAM F. 100 SW 4TH ST 1) ____ Change MULBERRY, FL 33860 __ Add Remove WILKERSON, BLANDINA D 100 SW 4TH ST Change MULBERRY, FL 33860 Add ___ Remove ANDERSON, MELISSA D 3) ____ Change 100 SW 4TH ST MULBERRY, FL 33860 ____ Add Remove PST MICHEL, SUSAN D 100 SW 4TH ST Change MULBERRY, FL 33860 __ Add __ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change __ Add Remove

۲,	If amanding or adding additional Artislan	anter change(c) here:
: (If amending or adding additional Articles, a Attach additional sheets, if necessary). (Be	specific)
	•	
	·	
•	nrovisions for implementing the amendme	reclassification, or cancellation of issued shares. nt if not contained in the amendment itself:
	(if not applicable, indicate N/A)	The state of the s
	-	
		···

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	, `	
	(voting group)	
Dated <u>03</u> Signature (By a	director, president or other officer – if directors or officers have not bee	
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other co	
арро	inted fiduciary by that fiduciary)	
	BLANDINA D. WILKERSON	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	