



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State within 30 days after filing if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 617.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 617.01201, Florida Statutes, the document must be typewritten or printed and must be legible.

<b>Filing Fee</b>	<b>\$35.00</b> (Includes a letter of acknowledgment)
<b>Certified Copy</b> (Optional)	<b>\$ 8.75</b>
<b>Certificate of Status</b> (Optional)	<b>\$ 8.75</b>

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee                  | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

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# ARTICLES OF CORRECTION

For

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

\_\_\_\_\_  
Document Number (if known)

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

These articles of correction correct \_\_\_\_\_,  
(Document Type Being Corrected)

filed with the Department of State on \_\_\_\_\_.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

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

Correct the inaccuracy, incorrect statement, or defect:

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

\_\_\_\_\_  
(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.)

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**