P08000092052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

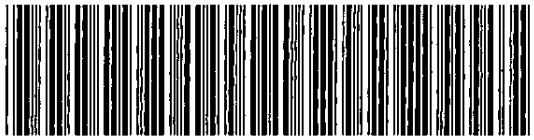
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700136846787

10/15/08--01020--015 **35.00

FILED
08 OCT 15 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art. of Corr./N.C

C.COULLIETTE

OCT 20 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIGMA DENTAL PROTECTIVE PLAN INSURANSE INC
(Name of Corporation)

DOCUMENT NUMBER: P08000092052

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

Please return all correspondence concerning this matter to the following:

SANTOS SUAREZ
(Name of Contact Person)

PROFESSIONAL LEGAL CONSULTANTS
(Firm/Company)

1424 RIDGE ST
(Address)

KISSIMMEE FLORIDA 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

SANTOS SUAREZ at (407) 9320800
(Name of Contact Person) (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

SIGMA DENTALPROTECTIVE PLAN INSURANSE INC

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

P08000092052

Document Number (if known)

FILED
08 OCT 15 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 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 NAME OF THE CORPORATION

(Document Type Being Corrected)

filed with the Department of State on 10/09/2008.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME OF THE CORPORATION IS

SIGMA DENTAL PROTECTIVE INSURANCE PLAN INC

MY SECRETARY MADE AN ERROR WHEN FILING THE ON LINE CORP AND

WROTE SIGMA DENTAL PROTECTIVE PLAN INSURANSE INC,IS WRONG

THE CORRECT NAME IS SIGMA DENTAL PROTECTIVE INSURANCE PLAN INC.

THANKS.

Correct the inaccuracy, incorrect statement, or defect:

SIGMA DENTAL PROTECTIVE INSURANCE PLAN INC.

(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.)

SANTOS SUAREZ

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

Filing Fee: $35.00