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TO:

Amendment Section Division of Corporations

SUBJECT: SANDY ENDRES, DOCUMENT NUMBER: P15000056947 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John J. Shea Name of Contact Person John J. Shea, P.A. Firm/Company 1776 Ringling Blvd L 34236 City/State and Zip Code Sarasota, sandy@sandyendres.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anne Arizpe Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: □ \$43.75 Filing Fee & Certificate of Status **☼** \$35.00 Filing Fee □ \$52.50 Filing Fee, Certificate of Status & □ \$43.75 Filing Fee & Certified Copy Certified Copy **Mailing Address:** 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 CORRECTION

For

SANDY ENDRES, P.A.

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

P15000056947 Document Number (if known)

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.
Articles of Insernation
These articles of correction correct Articles of Incorporation
(became type being confected)
filed with the Department of State on July 1, 2015
(File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
NAME OF THE CORPORATION INCORRECTLY SHOWN AS SANDY ENDRES, P.A.
·
Compatible in a company in a compatible of the company of the comp
Correct the inaccuracy, incorrect statement, or defect:
CORRECT NAME OF THE CORPORATION SHOULD BE SHOWN AS SANDRA KAY ENDRES, P.A.

(Signature of a diffector, 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.)

JOHN J. SHEA

(Typed or printed name of person signing)

Attorney-In-Fact
(Title of person signing)

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Filing Fee: \$35.00