# P19000023340

(Requestor's Name)					
(Ad	idress)				
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(Ad	ldress)				
(Cit	ty/State/Zip/Phone	= #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
(20					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer.					





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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State 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 607.0124, 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 607.0120, Florida Statutes, the document must be typewritten or printed and must be legible.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (Optional) \$ 8.75 Certificate of Status (Optional) \$ 8.75

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

Tallahassee, FL 32314

SUBJECT: Chris Acheson PA			
DOCUMENT NUMBER: P19000023340	Name of Corporation		
The enclosed Articles of Correction and fe	ee are submitted	for filing.	
Please return all correspondence concerni	ng this matter to	the following:	
Benjamin J Cottrell	J	,	
Name of Contact Person		_	
Cottrell Tax & Accounting			
Firm/Company		_	
5633 Naples Blvd			
Address		_	
Naples, FL 34109			
City/State and Zip Code		_	
bjc@cta.tax			
E-mail address: (to be used for future annual r	eport notification)	_	
For further information concerning this m	atter, please call:		
Christopher Acheson	609 at (	634-4419	
Name of Contact Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the following amo	ount:		
■ \$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:		Street Address:	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

FILED

Chris Acheson PA			<u>. 2023 OST 13 AH 9</u> : 56
_ <del></del>	Name of Corporation as currently	filed with the Florida Dept of Sta	
	P19000023340		SECRE, 167 STATE TALL/1488EE, FL
	Document Nu	imber (il known)	
Pursuant to the provision			
These articles of correction	on correct Articles of Inco	rporation (Document Type Being C	orrected)
filed with the Departmen	t of State on	(File Date of Document)	
Specify the inaccuracy, in Articles of Incorporation were			
Please correct the name of th			
		<u> </u>	
			1000000000
Correct the inaccuracy, ir	ncorrect statement, or de	fect:	
Please correct the name of th			
<u> </u>	Signature of a director, president or one been selected, by an incorporator other court appointed fiduciary, by the	<ul> <li>if in the hands of the receiver, tri</li> </ul>	s have ustee, or
Christopher Acheson	+-11	Pr	esident
	name of person signing)		(Title of person signing)
	/ Filing F	ee: \$35.00	