

F69965

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 AUG 15 PM 4:15

AUG 25 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Polk Chiropractic and Rehab Inc.

Name of Corporation

DOCUMENT NUMBER: F69965

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

Please return all correspondence concerning this matter to the following:

Clark Lemmon

Name of Contact Person

Polk Chiropractic and Rehab Inc

Firm/Company

1012 6th St NW

Address

Winter Haven, FL 33881

City/State and Zip Code

drclarklemmon@gmail.com

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

For further information concerning this matter, please call:

Clark Lemmon

Name of Contact Person

at (**720**) **300-8300**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2016 AUG 15 PM 4:15

Polk Chiropractic and Rehab

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

F69965

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.

These articles of correction correct Name Change
(Document Type Being Corrected)

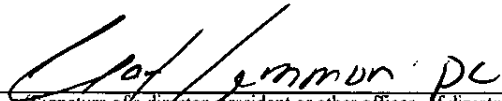
filed with the Department of State on July 15th, 2016
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

I incorrectly changed the name of my practice from Advanced Spine and Wellness to Polk Chiropractic and Rehab Inc. I meant to only change the fictitious name, and leave the original name.

Correct the inaccuracy, incorrect statement, or defect:

Please change my current corporation name from Polk Chiropractic and Rehab back to Advanced Spine and Wellness.P.A.



(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.)

Clark Lemmon

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00