

#L 14000099264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

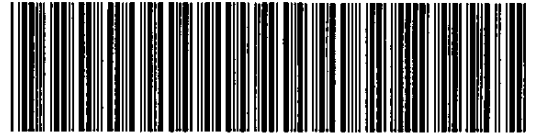
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2014 JUL -9 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUL 10 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IDENTITY EASE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELINA WHITTINGTON

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

MCGEHEE WHITTINGTON, PA

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

6152 DELANCEY STATION STREET, SUITE 105

\_\_\_\_\_  
Address

RIVERVIEW, FL 33578

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

angelina@mwpalaw.com

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

For further information concerning this matter, please call:

ANGELINA WHITTINGTON

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

813

at (\_\_\_\_\_)\_\_\_\_\_  
Area Code

685-4300

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: IDENTITY EASE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000099264

**THIRD:** Document to be corrected is:  
Electronic Articles of Organization For Florida Limited Liability Company

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The incorrect statement is: The name of the Limited Liability Company is:

IDENTITY EASE, LLC. The statement is incorrect due to scrivener's error.

The correct statement is: The name of the Limited Liability Company is:

ID PROTECTION SERVICES, LLC

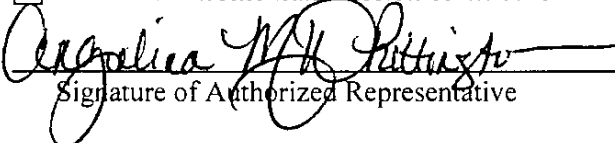
**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

7/8/2014

Date

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)