

L180003370S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

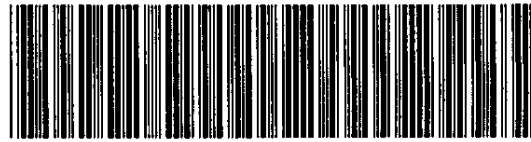
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

CJC ARPN, PLLC

SUBJECT: _____
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:

Christopher J Calandro

Name of Person

CJC ARPN, PLLC

Firm/Company

4634 Antler Hill Dr E

Address

Jacksonville, FL 32224

City/State and Zip Code

ccalandro@hotmail.com

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

For further information concerning this matter, please call:

Andrew J Calandro

813

699-0447

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

**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.

CJC ARPN, PLLC

FIRST: The name of the limited liability company is: _____

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

Articles of Incorporation

THIRD: Document to be corrected is: _____

(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 name of the company was entered incorrectly. The correct name is CJC ARNP, PLLC
The correct Zip Code for the Principal Office Address is 32224.

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

Date

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TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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