

L19000052271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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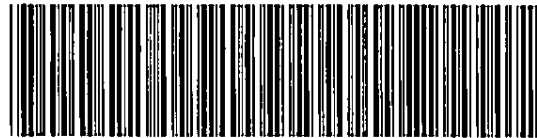
(Business Entity Name)

(Document Number)

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MAY 01 2019

FILED  
2019 APR 18 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

statement of  
Correction  
N/C

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida Sit Means Sit

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:

Tracie R Kehic

Name of Person

Good Dawg Dog Training

Firm/Company

1422 Tennessee Ave

Address

St. Cloud, FL 34769

City/State and Zip Code

Jerry. Kehic @ gmail.com

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

For further information concerning this matter, please call:

Jerry Kehic

Name of Person

at

(407)

Area Code

319-3011

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

**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: Central Florida Sit Means Sit LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000052271

**THIRD:** Document to be corrected is: Artical of incorporation

**(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:

Change "Central Florida Sit Means Sit LLC" to "Good Dawg Dog Training LLC due to non-association with "Sit Means Sit" Loss of Franchise.

**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.

Maile R. Kellie 4/15/19  
Signature of Authorized Representative Date

**FILED**  
2019 APR 18 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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)**