L200000 75813

(Reque	estor's Name)
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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04/03/20--01026--004 **25.00



APR 1 6 2020 S. YOUNG

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	Jalk Talk C	execution (Carter 11C
SUBJECT:V	Jalk Talk (Name of Limited Lial	pility Company
Dear Sir or Madam:			
The analoged Statem	ant of Composion and foots)		
The enclosed Statem	ent of Correction and fee(s) :	are suomitted for filin	g.
Please return all corr	espondence concerning this i	matter to the followin	g:
M = 1 = 1	T-comme		
- Krystal	Farnum Name of Person		_
Walk Ta	NC Conseling Firm/Company	Center	
-	Firm/Company		_
6919 W. T	Braward Blud Address	5 to 151	_
	Address		
D1. \ __`	T. 22217		
Flantation	City/State and Zip Code		_
	chyrotate and zap code		
Kfarnom	3@ smail.com		
E-mail address:	(to be used for future annua	report notification)	_
For further information	on concerning this matter, pl	ease call:	
12		_	34
Krys tal	Tarnum ne of Person	at (<u>570</u> Area Code	Daytime Telephone Number
7141	ine of reason	Alta Code	Daytine Telephone Number
Mailing Add	dracer		Street Address.
	on Section		Street Address: Registration Section
•	of Corporations		Division of Corporations
P.O. Box	6327		The Centre of Tallahassee
Tallahasse	ee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
Enclosed is a cheek	for the following amount:		
	ior the following amount:		
☑\$25 Filing Fee	□ \$30 Filing Fee &	□\$55 Filing Fee &	□ \$60 Filing Fee.
	Certificate of Status	Certified Copy	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.

	_		
SECO	<u> DND:</u>	The Florida Document number of the limited liability compar	ny is: L20000075913
<u>THIR</u>	<u>RD</u> :	Document to be corrected is: Business Name (Wal	ik Tall counseling center (LC)
	<u>(C</u>	HECK THE APPROPRIATE BOX AND COMPLETE T	HE APPLICABLE STATEMENT
☑		is an incorrect statement. The incorrect statement, the reason to the statement are as follows:	the statement is incorrect, and the corrected
	Ind	correct statement: Walk Talk	Counseling Center, uc
	Rtas	son statement incurrect: Mispelled A	Jame of business
	Con	rect Statement: Walk Tall Cour	rseling center uc
	<u>OR</u>		•
	Was def	ectively signed and the appropriate correction ar	
			O APR
	OD.		20 2 C
			TO A III
	<u>OR</u>		
		etronic transmission of the record was defective.	2/25/2

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: Certified Copy: \$25.00

\$30.00 (optional)