

h22000388 118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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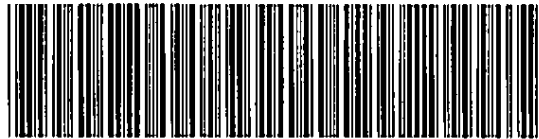
(Business Entity Name)

(Document Number)

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SEP 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WALLACE PARALEGAL SERVICES 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:

Musur M. Wallace

Name of Person

WALLACE PARALEGAL SERVICES LLC

Firm/Company

913 BEAL PKWY NW, STE. A #162

Address

FORT WALTON BEACH, FL 32547

City/State and Zip Code

musurwallace@wallacedocuprep.com

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

For further information concerning this matter, please call:

MUSUR M. WALLACE 850 812-2916

Name of Person at () Daytime Telephone Number
Area Code

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED

**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: WALLACE PARLEGAL SERVICES LLC

SECOND: The Florida Document number of the limited liability company is: L22000388118

THIRD: Document to be corrected is: Articles of Organization

(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: WALLACE PARLEGAL SERVICES LLC | The address for R.A. is incorrect.

The name is misspelled the correct name is: WALLACE PARALEGAL SERVICES LLC

The Address should read as: 913 BEAL PKWY NW, STE. A #162 FORT WALTON BEACH, FLORIDA 32547

OR

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

The incorrect statement: WALLACE PARLEGAL SERVICES LLC | The address for R.A. is incorrect.

The incorrect statement: WALLACE PARLEGAL SERVICES LLC | The address for R.A. is incorrect.

The Address should read as: 913 BEAL PKWY NW, STE. A #162 FORT WALTON BEACH, FLORIDA 32547

OR

- ☒ The electronic transmission of the record was defective.

/s/ Musur M. Wallace

Signature of Authorized Representative

Date

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.