

L23000343299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

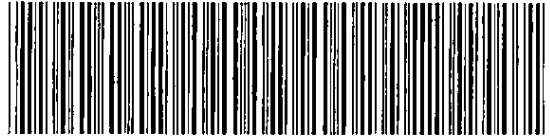
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SECRETARY OF STATE
TALLAHASSEE, FL

*Statement of
Correction*

AUG 24 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KULO WELLNESS, 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:

LORNA PANK

Name of Person

KULO WELLNESS, LLC

Firm/Company

3690 SW PORT ST LUCIE BLVD.

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

lornapank1220@gmail.com

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

For further information concerning this matter, please call:

LORNA PANK

954

667-4421

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

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

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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: KULO WELLNESS, LLC

SECOND: The Florida Document number of the limited liability company is: L23000343299

THIRD: Document to be corrected is: L 23000343299

(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:

For the first owner should be last name GUMADLAS, and first name GALLA

Her address is the same.

The wrong one is the name of Lorna Pank

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

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)

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TALLAHASSEE, FL