

N16 0000003619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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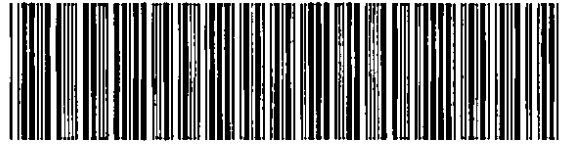
(Business Entity Name)

(Document Number)

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FILED  
2022 MAY 27 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

AUG - 2 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Character Comm Services Inc  
Name of Corporation

**DOCUMENT NUMBER:** N16000003619

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Johnnie Hart

Name of Contact Person

Character Community Services Comm

Firm/Company

PO Box 162, 409 NE 106 ST

Address

Cross City FL 32628

City/State and Zip Code

character71@hotmail.com

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

For further information concerning this matter, please call:

Johnnie Hart

Name of Contact Person

at ( 352 )

Area Code

210-8157

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing-Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

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

**Street Address:**

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

# ARTICLES OF CORRECTION

For

FILED

Character Community Services One

Name of Corporation as currently filed with the Florida Dept. of State

2022 MAY 27 PM 4:41

N16000003619

Document Number (if known)

SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Addition of Director  
(Document Type Being Corrected)

filed with the Department of State on 3/9/22  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Director not listed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Add Johnnie Hart title Director

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Cindy Hernandez*

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Cindy Hernandez

(Typed or printed name of person signing)

Officer

(Title of person signing)

Filing Fee: \$35.00