

N220000011274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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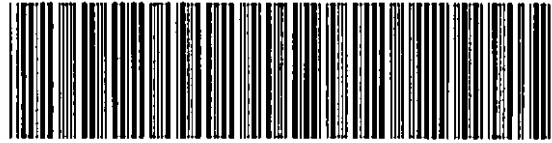
(Business Entity Name)

(Document Number)

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Articles of  
Correction

JAN 19 2023

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PLAN IT 608, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** N22000011274

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

Please return all correspondence concerning this matter to the following:

CHRISTOPHER J. WILSON

\_\_\_\_\_  
Name of Contact Person

C.J. Wilson Law, P.A.

\_\_\_\_\_  
Firm/Company

1636 HILLCREST STREET

\_\_\_\_\_  
Address

ORLANDO, FL 32803

\_\_\_\_\_  
City/State and Zip Code

chris@cjwilsonlaw.net

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Wilson

at ( 407 ) 580-6113

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

PLAN IT 608, INC.

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

N22000011274

\_\_\_\_\_  
Document Number (if known)

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 Officer Director Detail,  
(Document Type Being Corrected)

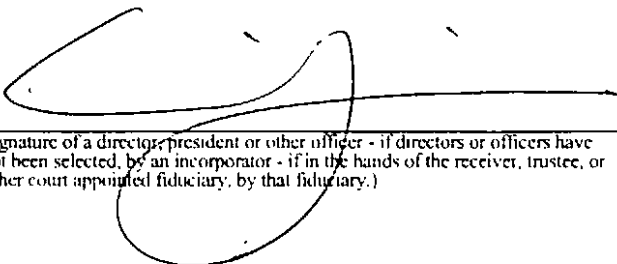
filed with the Department of State on 10/3/22,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

President's Name: Charles Base

Correct the inaccuracy, incorrect statement, or defect:

President's Name: Charles Bast

  
\_\_\_\_\_  
(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.)

Christopher J. Wilson

\_\_\_\_\_  
(Typed or printed name of person signing)

Incorporator

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**