

P03 0000 20530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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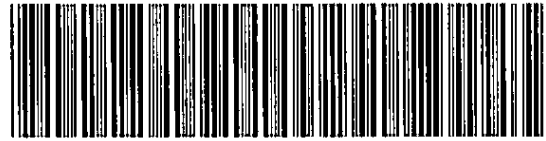
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COVER LETTER

6/2/21

TO: Amendment Section  
Division of Corporations

SUBJECT: WINDMILL CHIROPRACTIC, P.A  
Name of Corporation

DOCUMENT NUMBER: PO3000020530

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

Please return all correspondence concerning this matter to the following:

RICK JASON BEHAR  
Name of Contact Person

WINDMILL CHIROPRACTIC, P.A  
Firm/Company

17160 ROYAL PALM BLVD, SUITE 1, WESTON, FL 33326  
Address

WESTON, FL 33326  
City/State and Zip Code

BEHARRICK @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK JASON BEHAR at (954) 650-6049  
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

WINDMILL CHIROPRACTIC, P.A.

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

PO3000020530

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct PO3000020530 (Document Type Being Corrected)

filed with the Department of State on 2/07/21 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

\* Change name of current Registered Agent

\* Change name of officer Detail - P

Correct the inaccuracy, incorrect statement, or defect:

Change name of current Registered Agent
From: RICK J. BEHAR To: RICK JASON BEHAR

P Change name of current officer Detail:
From: RICK BEHAR To: RICK JASON BEHAR

(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.)

RICK BEHAR

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00