

P03000120567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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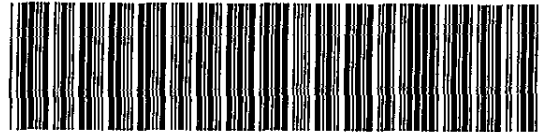
(Business Entity Name)

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DIVISION OF CORPORATIONS
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Art. of Correction
w/ NAME CHANGE

11/17/03

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summerwinds Dentures, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000120567

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

Please return all correspondence concerning this matter to the following:

Sherry Doby

(Name of Person)

Summerwinds Ventures, Inc.

(Name of Firm/Company)

2912 Summerwinds Cir.

(Address)

St. Cloud, FL 34769

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry D. Doby

(Name of Person)

at (407)

892-3735

(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, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

Summerwinds Dentures, Inc.

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

P03000120567

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction.

These Articles of Correction correct Articles of Incorporation

(Document Type)

filed with the Department of State on 10/27/2003

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Summerwinds Dentures, Inc.

Correct the inaccuracy, incorrect statement, or defect:

Summerwinds Ventures, Inc.

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Sherry D. Doby

(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.)

Sherry D. Doby

(Typed or printed name of person signing)

President/Incorporator

(Title of person signing)

Filing Fee: \$35.00