

PO5000022697

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(City/State/Zip/Phone #)

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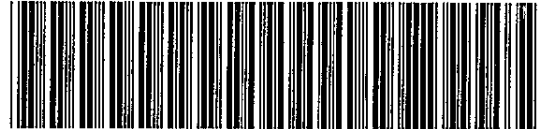
(Business Entity Name)

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Art. of Corr. w/ N.C.
G. Gaudette MAR 01 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHERRI GLISSON, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO5000022697

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

Please return all correspondence concerning this matter to the following:

Sherri Glisson
(Name of Person)

(Name of Firm/Company)

12419 Sherman Court

(Address)

Jacksonville, FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

Stewart Thompson at (904) 247-1565
(Name of 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, Florida 32314

Street Address:

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

ARTICLES OF CORRECTION

for

SHERRI GLISSON, INC.

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

PO5000022697

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 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 Article of Incorporation,
(Document Type)

filed with the Department of State on February 11, 2005.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name of Corporation: Sherri Glisson, Inc.

Correct the inaccuracy, incorrect statement, or defect:

Corrected name of Corporation: Sherri Glisson, P.A.



(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.)

Sherri Glisson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA