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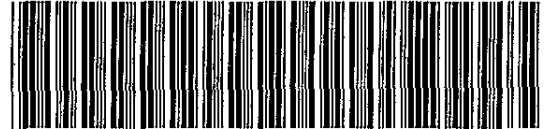
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JON B. GANN P.A.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

JON B. GANN
(Name of Person)

(Name of Firm/Company)

PO Box 1872
(Address)

PENSACOLA FL 32591-1872
(City/State and Zip Code)

For further information concerning this matter, please call:

JON B GANN at (501) 617-1202
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$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

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05 MAR 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

for

JON B. GANN P.A.

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

Document Number (if known)

FILED
05 MAR -16 PM 2:55
TALLAHASSEE, FLORIDA

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 Articles of incorporation.
(Document Type)

filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

"The corporate name should be JON B. GANN, P.A. of Florida" RATHER than JON B GANN PA.

Correct the inaccuracy, incorrect statement, or defect:

The corporate name ~~is~~ should be JON B. GANN, P.A. of Florida

(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.)

JMB / JON B. GANN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35.00