

P06000121760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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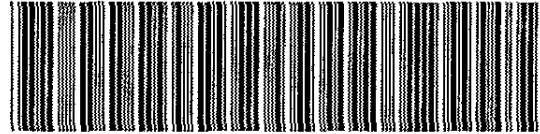
(Business Entity Name)

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And D
Correction

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOREST LAWN PROPERTIES, INC.

DOCUMENT NUMBER: P06000121760

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN WILSON

(Name of Contact Person)

FOREST LAWN PROPERTIES, INC.

(Firm/ Company)

705 HIGHLAND AVE

(Address)

LEHIGH ACRES, FL 33972

(City/ State and Zip Code)

For further information concerning this matter, please call:

KAREN WILSON

(Name of Contact Person)

at (754) 204-8008

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

FILED

for

06 OCT -2 PM 4:06

FOREST LAWN PROPERTIES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P06000121760

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

ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on

9/21/06

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

DID NOT INDICATE VICE PRESIDENT

Correct the inaccuracy, incorrect statement, or defect:

VICE PRESIDENT: ROBERT SIMMONS

PO BOX 414

ARUA, FL 33920

(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.)

KAREN WILSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00