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C. LEWIS

SEP 4 2013

EXAIVINER

COVER LETTER

TO:

Amendment Section

Division of Corporations				
SUBJECT: Argus Dental : Name	lision Plan, Inc			
DOCUMENT NUMBER: <u>P06000144202</u>				
The enclosed Articles of Correction and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jeff Parslow Name of Contact Person				
Argus Dental: Vision Plan, Inc				
4010 W Stafe St Address				
Tampa, Ft 33609				
jeff @ argy selected. com E-mail address (to be used for juture annual report notification)				
For further information concerning this matter, please call:				
Jeff Parslow	at (813) 865-3013			
	The cock of Insyrting Cooperation Charles			
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			
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			

ARTICLES OF CORRECTION $13_{AU_{6}} = 10$
For 13 AUG 28 S.
ARTICLES OF CORRECTION For Argus Dental 4 Vision Plan In Call All Section Plan In Call All Section Plan In Call All Assessments filed with the Florida Dept. of State POGODO 144 202
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 Attacks of Amendment (Document Type Being Corrected) filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
Name of the company should not include
the word "Plan"
Correct the inaccuracy, incorrect statement, or defect: Correct name should be "Argus Dental "Vision, Inc
(Spandary of a director president or other officer - if directors or officers have not by cycle elected, by the incorporator - if in the hands of the receiver, trustee, or other coun appointed fiduciary, by that fiduciary)
Jeffrey Parslow (Tyled or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00