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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sullivan & Associates Insurance, P.A.
Name of Corporation

DOCUMENT NUMBER: P 09000069950

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

Please return all correspondence concerning this matter to the following:

Teri K. Sullivan
Name of Contact Person

Sullivan & Associates Insurance, P.A.
Firm/Company

4904 SW 90 Terrace
Address

Cooper City, FL 33328
City/State and Zip Code

EAGLEDAD @ ATT. NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teri K. Sullivan at (954) 806-1769
Name of Contact 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, FL 32314

Street Address:

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

ARTICLES OF CORRECTION

for

Sullivan & Associates Insurance, P.A.

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

P09 0000 69950

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 AUGUST 19, 2009

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article II principal place of business, mailing
address of Corporation,
Article V address of registered Agent,
address of incorporator, address of
officer + director, Teri K. Sullivan
Shawn as 4495 SW 67 Avenue
Davie, FL 33314 US

Correct the inaccuracy, incorrect statement, or defect:

The correct address for principal place of
business, mailing address of Corporation,
address of registered agent, address of
incorporator, address of director + office
Teri K. Sullivan is: 4904 SW 90 Terrace
Cooper City, FL 33328

Teri K. Sullivan

(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.)

TERI K. SULLIVAN

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA