

P10000006940

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(Business Entity Name)

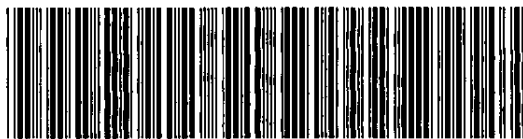
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C.COULLIETTE

FEB 19 2010

EXAMINER

TO: Amendment Section
Division of Corporations

Name of Corporation

DOCUMENT NUMBER: P10000006940

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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

ARTICLES OF CORRECTION

for

University of Complementary and Alternate Medicine Inc.

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

P10000006940

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 CORPORATION NAME CHANGE
(Document Type Being Corrected)

filed with the Department of State on JANUARY 25, 2010
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CORPORATION NAME ON FILE IS UNIVERSITY OF COMPLEMENTARY
AND ALTERNATE MEDICINE INC.

Correct the inaccuracy, incorrect statement, or defect:

CORPORATION NAME SHOULD BE
UNIVERSITY OF COMPLEMENTARY AND ALTERNATIVE MEDICINE, INC.

FILED
10 FEB 18 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anthony Speroni

(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.)

ANTHONY SPERONI

(Typed or printed name of person signing)

SECRETARY/TREASURER

(Title of person signing)

Filing Fee: \$35.00