

P11000088593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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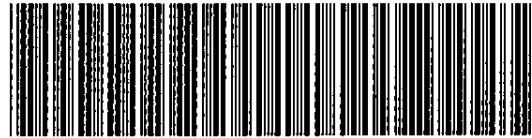
(Business Entity Name)

(Document Number)

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*Anthony Law*

**FILED**  
11 OCT 21 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOCAL HOSPITALITY GROUP, INC.

Name of Corporation

**DOCUMENT NUMBER:** P11000088593

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

Please return all correspondence concerning this matter to the following:

VANESSA LONG

Name of Contact Person

ACCOUNTING RESULTS, INC.

Firm/Company

6514 CENTRAL AVENUE

Address

SAINT PETERSBURG, FL 33707

City/State and Zip Code

localhospitalitygroup@gmail.com

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

For further information concerning this matter, please call:

VANESSA LONG

Name of Contact Person

at ( 727 ) 322-0029

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

LOCAL HOSPITALITY GROUP, INC.

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

P11000088593

Document Number (if known)

FILED

11 OCT 21 AM 8:44

SECRETARY OF STATE  
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 Being Corrected)

filed with the Department of State on 10/10-11

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE OFFICERS ARE STATED INCORRECTLY.

Correct the inaccuracy, incorrect statement, or defect:

THE PRESIDENT IS - LINDA M. SORONEN

6401 S WESTSHORE BLVD #1512

TAMPA, FL 33616

THE SECRETARY IS - FALLON A. FLYNN

6401 S WESTSHORE BLVD. #1512

TAMPA, FL 33616



(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.)

FALLON A. FLYNN

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

Filing Fee: \$35.00