

P12 0000063875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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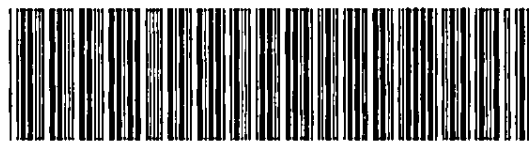
(Business Entity Name)

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

JUN 10 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dolphin Stables, Inc
Name of Corporation

DOCUMENT NUMBER: P12000063875

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

Please return all correspondence concerning this matter to the following:

Robert S. Christensen

Name of Contact Person

Firm/Company

PO Box 415

Address

Homosassa Springs/FL/34447

City/State and Zip Code

christensenlaw@earthlink.net

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

For further information concerning this matter, please call:

Robert S. Christensen

Name of Contact Person

at (352)
Area Code

382-7934
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

DOLPHIN STABLES, INC

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

P12000063875

(Document Number (if known))

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct FEI/EIN
(Document Type Being Corrected)

filed with the Department of State on _____
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

FEI/EIN 45-3245860

Correct the inaccuracy, incorrect statement, or defect:

FEI/EIN 45-5625207



(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.)

ROBERT S. CHRISTENSEN

(Typed or printed name of person signing)

P

(Title of person signing)

Filing Fee: \$35.00

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