P13000029940

| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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APR 2 2 2013

T. ROBERTS

COVER LETTER

TO: Amendment Section

| Division of Corporations | | | | |
|---|--|--------------------------------------|--|--|
| SUBJECT: JAMIE FLOOD N | AC CF SL | PINC | | |
| DOCUMENT NUMBER: P13000029 | ame of Corporation | | | |
| The enclosed Articles of Correction and fe- | | or filing. | | |
| Please return all correspondence concernin | ig this matter to th | ne following: | | |
| JAMIE FLOOD | | | | |
| JAMIE FLOOD MC CF | SLP INC | | | |
| 6614 JACQUES WAY | | | | |
| LAKE WORTH/FL 33463 City/State and Zip Code | | | | |
| JAMIECFLOOD@AOL.COM E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| JAMIE FLOOD Name of Contact Person | at (561 | 523-5572 & Daytime Telephone Number | | |
| Name of Comact Person | Alea Code | a Dayrine releptione 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

JAMIE FLOOD MC CF SLP INC.

Name of Corporation as currently filed with the Florida Dept of State P13000029940 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 APRIL 02, 2013

(File Date of Document) Specify the inaccuracy, incorrect statement, or defect: NAME CORRECTION Correct the inaccuracy, incorrect statement, or defect: CHANGE NAME TO: JAMIE FLOOD M.S. CCC-SLP, PA.

JAMIE FLOOD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

(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.)