## P13000 101264

(Requestor's Name)  (Address)
وشد
وشد
•
(Address)
(City/State/Zip/Phone #)
(City/State/Zipir-none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<b></b>
Special Instructions to Filing Officer:

Office Use Only



900254569079

01/06/14--01041--015 \*\*35.00

SECRETARY OF STATE

APPROVEL AND FILED

Clewis C. Lewis

## **ČQVER** LETTER

TO: Amendment Section Division of Corporations	-si	
SUBJECT: Trivity C/ DOCUMENT NUMBER: P 13	1A Training Inc	
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Thomas Hilliard Name of Contact Person	<u>/</u>	
Trinity CNA	Training	
14286 BEACH B	Ivd. He 26	
JACKSONVILLE F		
trinity and training a gt E-mail address: (to be used for former annual repo	t.net	
For further information concerning this matter, please call:		
Thomas Hilliard Name of Contact Person	at (90H) 992 7055 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amoun	nit:	
\$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	

APPROVEU AND FILED

## ARTICLES OF CORRECTION

A. ..

For

14 JAN -6 AM 8: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Trinity CNA Training Inc
P 1300 0 101 26 H  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 12-23-2013  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:  For get to add afficer
Correct the inaccuracy, incorrect statement, or defect:  Please add afficier Sanet Harris
Title Director, Address 14286 Beach Blud
JACKsonville, F1. 322050 32250
(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.)
Thomas Hilliard Yresident  (Typed or printed name of person signing)  (Title of person signing)
Ymr 77 - 43.5.00

Filing Fee: \$35.00