

P14000025744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600258384046

04/08/14--01011--011 **35.00

FILED
14 APR -8 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2014

C. CARROLL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Venus Medical Elite, Inc

Name of Corporation

DOCUMENT NUMBER: P14000025744

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

Please return all correspondence concerning this matter to the following:

Barbara E Wright

Name of Contact Person

Firm/Company

1226 N Tamiami Tr #200

Address

Sarasota, FL 34236

City/State and Zip Code

Barbara@wright-tax.com

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

For further information concerning this matter, please call:

Barbara E Wright

Name of Contact Person

at (**941**) **366-0344**

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

Venus Medical Elite Inc

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

P14000025744

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 **Florida Profit Corporation**,
(Document Type Being Corrected)

filed with the Department of State on **3/20/2014**,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Effective Date is 5/20/2014

Correct the inaccuracy, incorrect statement, or defect:

Effective date is 3/20/2014

FILED
14 APR - 81 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cathy Cogan

(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.)

Cathy Cogan

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00