

714000053786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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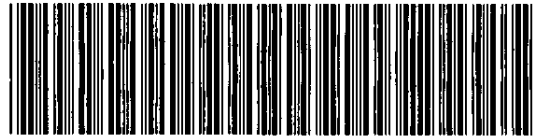
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 17 2015  
T. LEMPEIX  
*[Signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLAPR, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P14000053786

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

Please return all correspondence concerning this matter to the following:

**Ina Mills**

Name of Contact Person

**FLAPR, Inc.**

Firm/Company

**435 Meadow Lark Lane**

Address

**Palm Harbor, FL 34683**

City/State and Zip Code

**info@accpas.com**

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

For further information concerning this matter, please call:

**Carol McAtee, CPA**

Name of Contact Person

at ( **727** ) **327-1999**

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

FLAPR, Inc.

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

P14000053786

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 06/20/2014  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Junia Anderson is not an officer of the company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Remove Junia Anderson as Vice President

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ina Mills

(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.)

Ina Mills

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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