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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: PA Correction  DOCUMENT NUMBER: EIN	Name of Corporation
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Catherne Waters Name of Contact Person	
Firm/Company	
1415 51st AVE NE	·····
St. Peters burg F2 2 City/Sig and Zip Code	3703
Cwaters @ earthlink.  E-mail address: (to be used for future annual re	nut- poort notification)
For further information concerning this ma	atter, please call:
	at (127) 415-3536  Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$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 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

For STYLES OF CORRECTION  WY SIGN OF CORPORATIONS
For มหารเด็ม de corporations
Cathy Waters PA 14 OCT -8 PM 3: 35  Name of Corporation as durrently filed with the Florida Dept. of State
EIN 47-1846480 P140000 Melal
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 (Document Type Being Corrected)
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
Law regimes my legal name to form P.A.
Dhase charge from Cathy Waters P.A.
Catherine Waters, P.A.
Correct the inaccuracy, incorrect statement, or defect:
Please Correct Company name to
Caller Note DA
Catherine Waters, PA
(CATHERINE WATERS)
(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.)
CATHERINE WATERS (Typed or printed name of person signing)  Owner/DreSidst (Title of person signing)

Filing Fee: \$35.00