

P15 000063065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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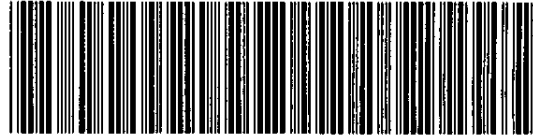
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TAMPA, FLORIDA

AUG 10 2015  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **JJDRUG Co**

Name of Corporation

**DOCUMENT NUMBER:** **P15000063065**

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

Please return all correspondence concerning this matter to the following:

**Martin Szkodzinski**

Name of Contact Person

**JJDRUG Co**

Firm/Company

**1155 Pallister Ln**

Address

**Lake Mary, FL 32746**

City/State and Zip Code

**1240JJSP@GMAIL.COM**

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

For further information concerning this matter, please call:

**Martin Szkodzinski** at **(813) 326-0877**

Name of Contact Person

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

JJDRUG Co

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

P15000063065

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 Addresses listed

(Document Type Being Corrected)

filed with the Department of State on 07/24/2015

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Principle Address ZIP Code is incorrect.

Mailing Address needs to be changed.

Correct the inaccuracy, incorrect statement, or defect:

Principle address = 1240 PROVIDENCE BLVD STE 2 DELTONA, FL 32725

Mailing Address = 1155 Pallister Ln Lake Mary, FL 32746

(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.)

Martin Szkodzinski

(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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