## P1600045010

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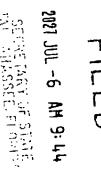
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400362438934

articles of Correction

08/29/21--01010--018 \*\*35.00



JUL 0 8 2021 A RAMSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: ADVANCED	
DOCUMENT NUMBER: PIG C	<u> </u>
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
KAYE HOPPE  Name of Contact Person	<u>S</u>
Advanced ORTHO?	EDIC + PROSTHETICS INC
S402 CRAFT ST	<del>-</del>
NEW PORT RICHES City State and Zip Code	FL 34652
E-mail address: (to be used for future annual re	port notification)
For further information concerning this ma	uter, please call:
KAYE HOPPES Name of Contact Person	at (707) 849-5462  Area Code Daytime Telephone Number
Enclosed is a check for the following amor	unt:
💢 \$35.00 Filing Fee	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303



May 26, 2021

KAYE HOPPES 5402 CRAFT ST NEW PORT RICHEY, FL 34652

SUBJECT: ADVANCED O&P INC. Ref. Number: P16000045010

We have received your document for ADVANCED O&P INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need an officer or director to sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 721A00011379

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF CORRECTION

For

FILED
2027 JUL-6 AM 9: 44
FALL SSEE, FLORIFE

A DVANCED CFP INC MINISTER STEELS Name of Corporation as currently filed with the Florida Dept of State SSFF, FLORIDA

P 16 0000 45010

Document Number (if Frown)

Pursuant to the provisions of	of Section 607.0	)124, Florida Sta	itutes.		
These articles of correction	correct	FLORIDA	PROFIT	CORPORAT	TION
filed with the Department of					
Specify the inaccuracy, inc	orrect statemen	it, or defect:			
NAME CHAN	<u>6E</u>				
				<del></del>	
		<del></del>			
Correct the inaccuracy, inc					
CHANGE T		RTHOPED		PROSTHE	71C5 1 NO
		1			
——————————————————————————————————————	Signature of a discount, of been selected, by an other court appointed to	operation or project of in the inductory, by the fiduciary	- if directors or other ands of the receiver	cers have trustee, or	
JOSeph 1 (Typec or printed)	hame of popularizating	1		Ownor (Title of pe	rson signing)

Filing Fee: \$35.00