P17000055453

| (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: | |
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Office Use Only



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07/05/17--01022--007 **55.00



C. GOLDEN

JUL 11 2017

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: LINCOLN & KEN | NNEDY GROUP, INC. | | |
| DOCUMENT NUMBER: P17000055 | 453 | | |
| The enclosed Articles of Correction and fe | | | |
| Please return all correspondence concernin | ng this matter to the following: | | |
| ROSA ANGUIANO-GA | RCIA | | |
| Name of Contact Person | | | |
| | | | |
| 14393 PARK AVE STE 200 | | | |
| VICTORVILLE CA 923 | 92 | | |
| rosa@anguianoconsult | • | | |
| For further information concerning this ma | atter, please call: | | |
| Rosa Anguiano-Garcia | _{31,7} 760 \265-1884 | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | |
| | | | |
| Enclosed is a check for the following amou | 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 | Street Address: Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF CORRECTION

FILED

For

2017 JUL -5 PM 6:56

| LINCOLN & KENNEDY GROUP, INC. STATE MASSEE FLORING |
|--|
| Name of Corporation as currently filed with the Florida Dept. of State |
| P17000055453 |
| 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 ARTICLE VII |
| filed with the Department of State on JUNE 28TH , 2017 File Date of Document) |
| Specify the inaccuracy, incorrect statement, or defect: PRESIDENT: ROSA M ANGUIANO -GARCIA |
| 3771 SAN JOSE PL STE 24 |
| JACKSONVILLE FL 32257 |
| |
| |
| |
| |
| Correct the inaccuracy, incorrect statement, or defect: PRESIDENT: VARUN M SETHI |
| 3771 SAN JOSE PL STE 24 |
| JACKSONVILLE FL 32257 |
| |
| |
| |
| |
| |
| |
| (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 fiduciage, by that fiduciage. |

Filing Fee: \$35.00

INCORPORATOR

(Title of person signing)

ROSA ANGUIANO-GARCIA

(Typed or printed name of person signing)