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(Requestor's Name)		
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(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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SECRETARY OF STATE

1. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Kyle Lines	Mod Corporation		
DOCUMENT NUMBER: P1700	0067059		
The enclosed Articles of Correction and fee	are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Patricia Unimparsh	<u>s</u>		
Linery Prof. Mana	}		
17633 Gonn Hay #	364		
Odessa, 72 33554	<u> </u>		
-trishhambauch & U	ahoo com on notification)		
For further information concerning this matter, please call:			
Patricia Hankaush Name of Contact Person	at (813) 926 5700 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amour	nt:		
□ \$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

Kyle Linsey OD PA Name of Corporation as currently filed with the Florida Dept. of State	
_	
1700067059 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 Kyle Linsey Do PA (Document Type Being Corrected)	
filed with the Department of State on Florida (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
incorrect name: Kyle Linsey OD PA	_
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	_
	_
	_
Correct the inaccuracy, incorrect statement, or defect:	
Kyle Linsey DO PA	_
-	_
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	_
	_
	-
(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.)	
(Typed or printed name of person signing) (Title of person signing)	

Filing Fee: \$35.00