

P19000002499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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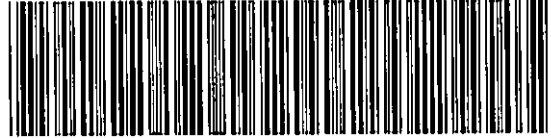
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lampein Institute for Marriage & Family Therapy Inc
Name of Corporation

DOCUMENT NUMBER: P19000002499

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

Please return all correspondence concerning this matter to the following:

Kevin Hardwick

Name of Contact Person

Firm/Company

413 SW Lakehurst Drive

Address

Port St Lucie Florida 34983

City/State and Zip Code

Kevin.Hardwick@Lampien.org

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

For further information concerning this matter, please call:

Kevin Hardwick

Name of Contact Person

at (612) 388-9525

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

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ARTICLES OF CORRECTION

For

Lampein Institute for Marriage & Family Therapy Inc

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

P19000002499

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 For Profit Corporation
(Document Type Being Corrected)

filed with the Department of State on January 4 2019
(File Date of Document)

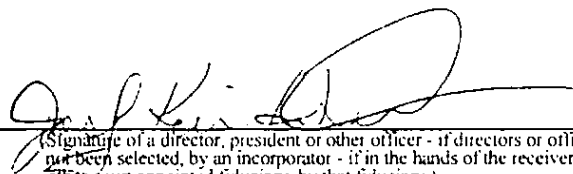
Specify the inaccuracy, incorrect statement, or defect:

Lampein Institute for Marriage & Family Therapy Inc

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TALLAHASSEE, FLORIDA
DEPT. OF STATE

Correct the inaccuracy, incorrect statement, or defect:

Lampein Marriage & Family Therapy Institute Inc


(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.)

Kevin Hardwick

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00