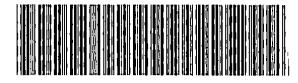
P1900000 8396

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SECRETARY U. STATE
TALLAHASSEE, FL

Art. Et Correction

2/25/19



COVER LETTER

TO: Amendment Section **Division of Corporations** Five Oaks Ministries, Inc. DOCUMENT NUMBER: P19000008396 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amanda Phillips Name of Contact Person Firm/Company 3225 McLeod Drive, Suite 100 Address Las Vegas, Nevada 89121 City/State and Zip Code aphillips@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amanda Phillips Name of Contact Person Enclosed is a check for the following amount: **\$35.00** Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$52.50 Filing Fee, Certificate of Status & □ \$43.75 Filing Fee & Certified Copy Certified Copy **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF CORRECTION

For

Five Oaks Ministries, Inc. Name of Corporation as currently filed with the Florida De	and of State
Name of Corporation as currently fried with the Florida (A	pr. 01 State
P1900008396	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Flori these Articles of Correction within 30 days of the file date of the	locument being corrected.
These articles of correction correct Articles of Incorporatio	n : Being Corrected)
filed with the Department of State on January 23, 2019 (File Date of Document)	·
Specify the inaccuracy, incorrect statement, or defect: Article VII	
The initial officer(s) and/or director(s) of the corpo	oration is/are:
Title: PTSD	53
Liza Marie Landis	OI9F
13750 W Colonial Dr, Suite 350-345	L A
Winter Garden, Fl. 34787 US	AS S
Correct the inaccuracy, incorrect statement, or defect: Article VII	MII: 23
The initial officer(s) and/or director(s) of the corpo	oration is/are:
Title: PTSD	
Lize-Mari Landis	
13750 W Colonial Dr, Suite 350-345	
Winter Garden, Fl. 34787 US	
(Signature of a director, president or other officer - if directors not been selected, by an incorporator - if in the hands of the reother court appointed fiduciary, by that fiduciary.)	
Amanda Phillips	Incorporator
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00

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Amanda Phillips	Incorporator
(Typed or printed name of person signing)	(Title of names signing)

Filing Fee: \$35.00