

P19000046941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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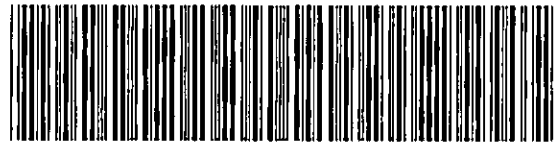
(Business Entity Name)

(Document Number)

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2024 JUL 19 PM 12:30  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CRANIAL UNWINDING SERVICES, INC.

Name of Corporation

**DOCUMENT NUMBER:** P19000046941

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

Please return all correspondence concerning this matter to the following:

PAUL POCK

Name of Contact Person

CRANIAL UNWINDING SERVICES, INC.

Firm/Company

3460 FAIRWAY LN

Address

ORLANDO, FL 32804

City/State and Zip Code

CRANIALUNWINDING@GMAIL.COM

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

For further information concerning this matter, please call:

PAUL POCK

407

331-0312

at ( )

Name of Contact Person

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

FILED

CRANIAL UNWINDING SERVICES, INC.

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

2024 JUL 19 PM 12:30

P19000046941

Document Number (if known)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct 07/01/2024  
(Document Type Being Corrected)

filed with the Department of State on 04/03/2024  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PRINCIPAL ADDRESS AND MAILING ADDRESS AND PLACE OF BUSINESS

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Correct the inaccuracy, incorrect statement, or defect:

NEW ADDRESS FOR ALL: 3460 FAIRWAY LN, ORLANDO, FL 32804

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X 

(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.)

PAUL POCK

(Typed or printed name of person signing)

PRES

(Title of person signing)

Filing Fee: \$35.00