## P190000 92431

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R. WHITE JAN 2 9 2020

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NORTH AMERICA INC
Name of Corporation DOCUMENT NUMBER: \$1900092431 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WELL NOX NORTH AMBRICA INC 2120 WHITE ELD PARK LOOP UNIT C SARASOTA, FL 34243
City/State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at ( 141 ) Taylime 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: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF CORRECTION

For

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Name of Corporation as currently filed with the Florida Dept. of State 2 111 5: 45
Name of Corporation as currently filed with the Florida Dept. of State 💢 🕒 111 3-45
P19000092UZ1
P1900092431 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 APTICLES OF INCORPORATION (Document Type Being Corrected)
filed with the Department of State on 12-6-2019  (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
"WELL NOX" IS TWO WORDS, SHOULD BE ONE
WORD.
Correct the inaccuracy, incorrect statement, or defect:
·
SHOULD BE "WELLNOX" WITH NO SPACE.
THE REMAINDER STAYS THE SAME
11 WELLNOX NORTH AMERICA INC" - CORRECT SPACING
1
(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)
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00