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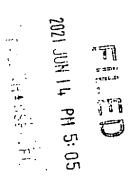
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Kathyo Mar	Shall PA
DOCUMENT NUMBER: P2000	0011459
The enclosed Articles of Correction and fe	ce are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Kathyn Valentine Name of Contact Person	
Kathya Marshau F), U
15504 Long Cypress	DY.
RUSKIN FL 33573 City/State and Zip Code	
Yourgent Kuthyn @ or Kuthyn Bhail address: (to be used for future annuals)	maio COM eport notification)
For further information concerning this ma	atter, please call:
Kathryn Contact Person	at (<u>HOO</u>) <u>1604-0270</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount	unt:
☑ \$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

Kathryn Marshall PA Name of Corporation as currently filed with the Florida Dept. of State
Name of Corporation as currently filed with the Florida Dept. of State P2000011459 Document Number (if known)
Pursuant to the provisions of Section 607.0124, Florida Statutes.
These articles of correction correct Articles of Incorporation (Document Type Being Corrected)
filed with the Department of State on January 31, 2021. (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Name of corporation: Kathnyn Marshall PA
Correct the inaccuracy, incorrect statement, or defect:
New name: Kathaya Valentine PA
(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.)

Filing Fee: \$35.00

Kathryn Valentie