P20000064627

| (Re | equestor's Name) |
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TO:

Amendment Section Division of Corporations

Michael J. Stylre, P. A. SUBJECT: Name of Corporation **DOCUMENT NUMBER:** P20000064627 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael J. Styles Name of Contact Person Michael J. Styles, P.A. Firm/Company 300 SE 2nd Street, Suite 600 Address Ft. Lauderdale, FL 33301 City/State and Zip Code snoles99@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael J. Styles Name of Contact Person 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 P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

| Michael J. Stylre, P.A. | | |
|--|---|-------------|
| Name of Corporation as cur | rrently filed with the Florida Dept. of State | |
| P20000064627 | | |
| Docume | ent Number (if known) | |
| | | |
| Pursuant to the provisions of Section 607.012 | | |
| These articles of correction correct Articles of | (Document Type Being Corrected) | <u> </u> |
| 61ad with the December of State 08/14/20 | | |
| filed with the Department of State on $\frac{08/14/20}{}$ | (File Date of Document) | |
| Specify the inaccuracy, incorrect statement, o | or defect: | |
| Name of the Corporation was misspelled. | | |
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| Correct the inaccuracy, incorrect statement, o Name should read; Michael J. Styles, P.A. | r defect: | P1: 3: 04 |
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| (Signature of a director, presider not been selected, by an incorpa other court appointed fiduciary) | nt or other afficer - it directors or officers have opinio - if in the hands of the receiver, thistee, or by that fiduciary.) | |
| Michael J. Styles | President | |
| (Typed or printed name of person signing) | (Title of person su | ening) |

Filing Fee: \$35.00