## P21000011205

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(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: TLC MEDICAL TRAINING INC	Name of Corporation	
DOCUMENT NUMBER: P21000011205	value of Corporation	
The enclosed Articles of Correction and fe	on are submitted for filing	
	·	
Please return all correspondence concerning	ng this matter to the following:	
DARLENE BROWN-PONDER		
Name of Contact Person	<del></del>	
TLC MEDICAL TRAINING INC		
Firm/Company		
611 NORTH WEST 31st Avenue		
Address		
Pompano Beach, Florida 33069		
City/State and Zip Code		
TLCADULTDAYCARE@AOL.COM		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this ma	atter, please call:	
Jacob Cukjati CPA	850 384-3009	
Name of Contact Person	at ()  Area Code Daytime Telephone Number	
Enclosed is a check for the following amor	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

TLC MEDICAL TRAINING INC			
Name of Corporation as currently filed with the Florida	Dept. of State		
P21000011205			
Document Number (if known)			
Pursuant to the provisions of Section 617.0124, Florida Statutes Articles of Correction within 30 days of the file date of the docu	, this corporation fi ment being correct	les these ed.	
These articles of correction correct  Articles of Incorporation	pe Being Corrected)	,	
filed with the Department of State on	اتد		
Specify the inaccuracy, incorrect statement, or defect: principal place of business address: 3301 Spanish Moss Terrace #709, Lau	derhill, Florida 33319	<b>)</b>	
mailing address is: 3301 Spanish Moss Terrace #709, Lauderhill, Florida 3	33319		_
name of registered agent is: Darleen Brown-Ponder			_
name of incorporator is: Darleen Brown-Ponder			_
electronic signature is: Darleen Brown-Ponder		2021 H	_ _ •="
	<del></del>	HAR I	ر برون انون —
Correct the inaccuracy, incorrect statement, or defect: principal place of business address: 611 NW 31st Avenue, Pompano Beac	h Florida 33069	5 PM 12:	
mailing address is: 611 NW 31st Avenue, Pompano Beach, Florida 33069		21	_
name of registered agent is : Darlene Brown-Ponder	<u></u>		_
name of incorporated is: Darlene Brown-Ponder	<del>-</del>	<del></del>	_
Electronic Signature is: Darlene Brown-Ponder			-
			_
(Signature of a director, president or other officer - if director not been selected, by an incorporator - if in the hands of the other court appointed fiduciary, by that fiduciary.)			_
Darlene Brown-Ponder	president		
(Typed or printed name of person signing)	(Title of	person signing)	_

Filing Fee: \$35.00