

P21 000019185

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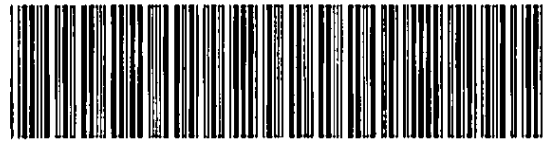
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAMOUNETTE CHIROPODICAL CLINIC, INC.
X-17-00019185

DOCUMENT NUMBER: P21600019185

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

Please return all correspondence concerning this matter to the following:

John Winkler

Name of Contact Person

John S Winkler PA

Firm Company

2515 Oak Street

Address

Jacksonville, FL 32204

City, State and Zip Code

jswpa@yahoo.com

E-mail address (if E-mail or Internet Corporation)

For further information concerning this matter, please call:

John Winkler

904

384-9918

Name of Contact Person

at (

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

LAMOUNETTE CHIROPRACTIC CLINIC, INC.

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

P21000019385

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes,

These articles of correction correct Electronic Articles of Incorporation
(Document Type Being Corrected)

filed with the Department of State on February 22, 2021
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

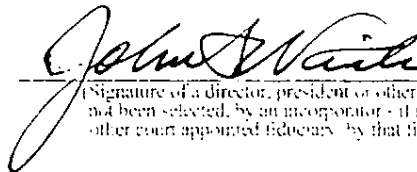
Art. VI: Zip code of incorporator is not 32210

Art. VII: President is not "John G Winkler" [sic]

Correct the inaccuracy, incorrect statement, or defect:

Art. VI: Zip code of incorporator is 32204

Art. VII: President is Robert G Lamounette.



(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.)

John S Winkler

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35.00