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of 3/31/2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:ROBERT HELPENSTINE JR PA	Name of Corporation	<u>-</u>
DOCUMENT NUMBER: P21000083206		
The enclosed Articles of Correction and for	ee are submittee	d for filing.
Please return all correspondence concerni	ng this matter to	o the following:
ROBERT HELPHENSTINE JR		-
Name of Contact Person		<del>_</del>
ROBERT HELPHENSTINE JR PA		
Firm/Company		_
960 DON JUAN CT		
Address		<del>_</del>
PUNTA GORDA FL 33950		
City/State and Zip Code		<del></del>
INFO@CAMPBELLSEA.COM		
E-mail address; (to be used for future annual r	eport notification)	_
For further information concerning this m	atter, please cal	I:
VICTORIA NORRIS BASSOLS	941	639-0680
Name of Contact Person	Area Code	639-0680 Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
S35.00 Filing Fee	☐ S43.75 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

FILED

For

2022 MAR 21 PM 3: 16

ROBERT HELPENSTINE JR	RPA	6500 · · · · · · · · · · · · · · · · · ·
Nam	ne of Corporation as currently filed with the Florida Dept. of State	<del>- SECRETALITY DE S</del> TATE TALLAHASSEE, FL
P2	1000083206	
<del></del>	Document Number (if known)	
Pursuant to the provisions of S	Section 607.0124, Florida Statutes.	
•	ARTICLES OF INCORPORATION	
These afficies of correction co	(Documen Type Being Corre	स्टाब्त्)
filed with the Department of S	State on [1/22/2021] (File Date of Document)	<u></u> .
Specify the inaccuracy, incorr	ect statement, or defect:	
•	Y. "H" WAS LEFT OUT OF LAST TIME WITH	ORIGINAL FILING
SHOULD READ: ROBERT HELI	PHENSTINE JR PA NOT: ROBERT HELPENST	FINE JR PA
Correct the inaccuracy, incom-	ect statement, or defect:	
CORRECT NAME SHOULD BE:	ROBERT HELPHENSTINE JR PA	
		• •
	<del></del>	
		•
	-	
1	Dia-RA	
noi beer	ire of a director, president or other officer - if directors or officers ha n selected, by an incorporator - if in the hands of the receiver, truster ourt appointed fiduciary, by that fiduciary.)	v. or
DAVE CAMPUS	u EA Re	aister Agent
(Typed or printed name of	('person signing)	(Title of person signing)

Filing Fee: \$35.00