## P21000098248

(Requestor's Name)			
(Address)			
(			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800377463128 articles of correction & NIC

12/19/21--01018--008 \*\*35.00

SPORETARY OF OTALE

A. RAMSEY DEC 27 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: XFMO2 651 WEST LANCASTER	Name of Corporation	
DOCUMENT NUMBER: P21000098248		
The enclosed Articles of Correction and f	ee are submitte	d for filing.
Please return all correspondence concerni	ng this matter to	o the following:
Michael Racki		
Name of Contact Person		
XFMO2 623 WEST LANCASTER RD., INC.		
Firm/Company		
1140 E. Altamonte Drive, Suite 1003		
Address		
Altamonte Springs, FL 32701		
City/State and Zip Code		
mracki@outlook.com		
E-mail address: (to be used for future annual)	report notification)	<u> </u>
For further information concerning this m	atter, please cal	ll:
Michael Racki	386	679-8253 Daytime Telephone Number
Name of Contact Person	at ( Area Cod	e Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
■ \$35.00 Filing Fee	□ \$43.75 F	iling 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 Division of Corporations		Amendment Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



XFMO2 651 WEST LANCASTER RD., INC.

2021 DEC 10 AM In: 32

Name of Corporation as currently filed w	ith the Florida Deptof State
P21000098248	TART TERRY OF STATE
Document Number (i	fknown)
Pursuant to the provisions of Section 607.0124, Florid	a Statutes.
These articles of correction correct Articles of Incorporat	(Document Type Being Corrected)
filed with the Department of State on	ate of Document)
Specify the inaccuracy, incorrect statement, or defect: Name of corporation was listed incorrectly as XFMO2 651 WE	EST LANCASTER RD., INC.
Principal address of corporation was listed incorrectly as 651 V	Vest Lancaster Rd, Pine Ridge, FL 32809
Correct the inaccuracy, incorrect statement, or defect:	
Name of corporation should be XFMO2 623 WEST LANCAS	TER RD., INC.
Principal address of corporation should be 623 West Lancaster	Rd, Orlando, FL 32809
(Signature of a director, president or other off not been selected, by an incorporator - if in to other court appointed fiduciary, by that fiduciary	he hands of the receiver, trustee, or
Michael Racki	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00