

P22 0000004622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

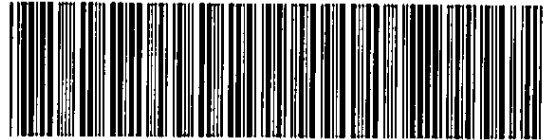
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SECTION 101
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REFUND CLAIM ADVISORS, INC

Name of Corporation

DOCUMENT NUMBER: P22000004622

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

Please return all correspondence concerning this matter to the following:

KATHY CHRISTIE

Name of Contact Person

REFUND CLAIM ADVISORS, INC c/o Kathy Christie

Firm/Company

PO BOX 246351

Address

PEMBROKE PINES, FL 33024

City/State and Zip Code

myrefundsclaim@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY CHRISTIE

Name of Contact Person

at (954) 638-3553

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. M. Ave. Suite 210
Tallahassee, FL 32310

ARTICLES OF CORRECTION

For

REFUND CLAIM ADVISORS, INC

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

P22000004622

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on 01/05/2022


(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Paragraph VII in the name of the VP Title, It reads "LEWIS CHRISTIE, MITZY"

Correct the inaccuracy, incorrect statement, or defect:

Paragraph VII in the name of the VP Title, must read "CHRISTIE LEWIS, MITZY"


(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.)

KATHY CHRISTIE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00