## Paamalolus

| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
| (100.000)                               |
|                                         |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
| (Dusiness Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
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| Special leganistics to Ellin Office     |
| Special Instructions to Filing Officer  |
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Office Use Only



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04/29/22--01003--013 \*\*35.00



4-5121202

## **COVER LETTER**

| TO: Amendment Section<br>Division of Corporations                                               |                                                                                                                                             |  |  |  |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: Coach's Pizza Inc                                                                      |                                                                                                                                             |  |  |  |
| DOCUMENT NUMBER:                                                                                |                                                                                                                                             |  |  |  |
| The enclosed Articles of Correction and fee are submitted for filing.                           |                                                                                                                                             |  |  |  |
| Please return all correspondence concerning this matter to the following:                       |                                                                                                                                             |  |  |  |
| Name of Contact Person                                                                          | <u>-                                      </u>                                                                                              |  |  |  |
| Cooch's Pitze                                                                                   |                                                                                                                                             |  |  |  |
| 85 Taffling Vd                                                                                  |                                                                                                                                             |  |  |  |
| Crawfordville FC 32327                                                                          |                                                                                                                                             |  |  |  |
| COachs D. T. Command report notification (Command report notification)                          |                                                                                                                                             |  |  |  |
| For further information concerning this matter, please call:                                    |                                                                                                                                             |  |  |  |
| Name of Contact Person                                                                          | at ( S S ) 519 - 47 80  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

FILED

For

| Coach's Pizza Inc                                                                                                                                                                                                              | 2022 APR 29                        | AM 8: 34     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------|
| Name of Corporation as currently filed with the Florida Dept. of State  P2200024165                                                                                                                                            | SECRET<br>TALLAHAS                 | SSEE, FL     |
| Pursuant to the provisions of Section 607.0124, Florida Statutes.                                                                                                                                                              |                                    |              |
| These articles of correction correct                                                                                                                                                                                           | or paration                        |              |
| Specify the inaccuracy, incorrect statement, or defect:  FCi Led to List (Aller Office)                                                                                                                                        |                                    |              |
| The feet is as one on one                                                                                                                                                                                                      |                                    |              |
|                                                                                                                                                                                                                                |                                    |              |
|                                                                                                                                                                                                                                |                                    |              |
| Correct the inaccuracy, incorrect statement, or defect:                                                                                                                                                                        |                                    | <del>.</del> |
| Cric (KISO)<br>(e724 Tim Tam<br>Tollahassee FL                                                                                                                                                                                 | Trayl 32-30°                       | <u></u>      |
|                                                                                                                                                                                                                                |                                    |              |
| Asignature 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.) | _                                  |              |
| Jacob Meister (V)Pre                                                                                                                                                                                                           | Sident<br>(Title of person signing | )            |

Filing Fee: \$35.00