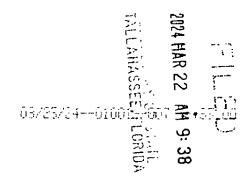
## P23000019214

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

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RECORDER DE LE 25

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Regenerative Med Spa, Inc SUBJECT:			
	Name of Corporation		
		1.0. (7.1)	
The enclosed Articles of Correction and fe	ee are submitted	for filing.	
Please return all correspondence concerni	ng this matter to	o the following:	
John C. Kenny			
Name of Contact Person			
Regeneration Med Spa, Inc			
Firm Company		<del></del>	
301 North 3rd and 10th Avenue			
Address		<del></del>	
Jacksonville Beach, Florida 32250			
City/State and Zip Code		_	
john@johnkennylaw.com			
E-mail address: (to be used for future annual r	eport notification)	<del>_</del>	
For further information concerning this m	atter, please cal	1:	
John C. Kenny	850	5707043	
Name of Contact Person	at ( Area Code	Daytime Telephone Number	
Enclosed is a check for the following amo	ount:		
■ \$35.00 Filing Fee	□ \$43.75 Fi	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$43.75 Filing Fee & Certified Copy	□ \$52.50 F Ce	☐ \$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

2024 MAR 22 AM 9: 38

Regenerative Med Spa, Inc.	25. UML EC. HIL 3: 38
Name of Corporation as currently filed with the Florida Dept. of State	TALLAHASSEE, FLORIDA
P23000019214	TALLAHASSEE, FLORIDA
Document Number (if known)	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	
These articles of correction correct name of business	,
the first the first state of the	ected)
filed with the Department of State on [January 4, 2024]  (File Date of Document)	_ <del></del>
Specify the inaccuracy, incorrect statement, or defect:	
Regenerative Med Spa. Inc. was incorrect name of business	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
	<del></del>
Correct the inaccuracy, incorrect statement, or defect:	
Regeneration Med Spa, Inc.	
	•
····	
(Summer of State of Algoriton or officers he	23.00
(Signature of a three tox president or other officer - if directors or officers had not been selected, by an incomprator - if he the hands of the receiver, truste other court appointed fiduciary, by that fiduciary.)	re, or
John C. Kenny	)
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00