

P99000089885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

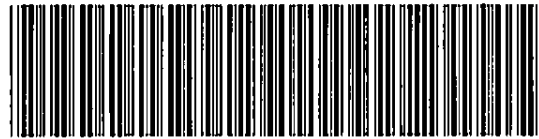
(Business Entity Name)

(Document Number)

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2023 MAY -9 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FL

NOTATION

2023 MAY -9 PM 2:00



NOTATION

MAY 10 2023

D CUSHING

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/09/2023

**\*\*WALK IN\*\***

ENTITY NAME CBA FLORIDA, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

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**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*E. R. H/O*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CBA FLORIDA, INC.  
Name of Corporation  
**DOCUMENT NUMBER:** P99000089885

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

Please return all correspondence concerning this matter to the following:

Louis J. Marasco, Jr.  
Name of Contact Person  
c/o Olshan Frome Wolosky LLP  
Firm/Company  
1325 Avenue of the Americas, 15th Floor  
Address  
New York, NY 10019  
City/State and Zip Code  
asn@redoakpartners.com  
E-mail address (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Louis J. Marasco, Jr. at ( 212 ) 451 - 2340  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee                  | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

For

CBA FLORIDA, INC.

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

P99000089885

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes,

These articles of correction correct \_\_\_\_\_  
Notice of Corporate Dissolution  
(Document Type Being Corrected)

filed with the Department of State on \_\_\_\_\_  
June 25, 2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Since the filing of the Notice of Corporate Dissolution on June 25, 2020, the mailing address where claims can be sent has changed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:


Mailing address where claims can be sent:

40 SE 5th Street, Suite #502

Boca Raton, FL 33432

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2023 MAY 19 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE FL

  
\_\_\_\_\_  
(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)

Anthony Snow

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35.00