

ARTICLES OF CORRECTION State Form 26235 (R10 / 05-24) Approved by State Board of Accounts, 2017

Diego Morales		
SECRETARY OF STATE		
BUSINESS SERVICES DIVISION		
302 West Washington Street, Room E018		
Indianapolis, IN 46204		
Telephone: (317) 234-9768		
INBiz in dov		

INSTRUCTIONS:

- Use 8½" x 11" white paper for attachments.
 Please <u>TYPE</u> or <u>PRINT LEGIBLY</u> in <u>INK</u>. Print all forms single sided.
 For additional forms please visit <u>in.gov/sos/business/division-forms</u>
- 4. Make check or money order payable to the Secretary of State.
- 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business

E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Other at a dalam and line of		
Street address, line 2		
City	State	ZIP code
•		
Telephone number	E-mail address (If different from above - SOS us	e only)
()		





Indiana Code 23-0.5-2-5 23-0.5-9-35

FILING FEE: \$30.00

ARTICLES OF CORRECTION OF:		
Name of entity		
Type of entity:		
The entity is a Domestic entity Foreign entity registered to transact business in Indiana on		
1. The Articles of Correction are filed to correct: (Describe document to be corrected and date filed or attach incorrect document.)		
2. These Articles of Correction are filed to correct: an incorrect statement and / or a defect in the execution, attestation, seal, verification or acknowledgement		
3. The incorrect statement(s) is (are) as follows: [If necessary, attach additional sheet(s).]		
4. The statement(s) is (are) incorrect, or the manner of execution was defective for the following reason(s): [If necessary, attach additional sheet(s).]		

5. The following is (are) the corrected statement(s) and / or the corrected execution(s):	[If necessary, attach additional sheet(s).]	
In witness whereof, the undersigned being the	of said entity executes	
	(title)	
these Articles of Correction and verifies, subject to penalties of perjury, that the facts contained herein are true,		
this day of, 20		
Required if registered agent information was updated: By checking the box, the Signator(s) represent(s) that the Registered Agent named in the application has consented to the appointment of Registered Agent.		
Signature	Printed name	