



ARTICLES OF CORRECTION

State Form 26235 (R9 / 8-17)

Approved by State Board of Accounts, 2017

**SECRETARY OF STATE
BUSINESS SERVICES DIVISION**

302 West Washington Street, Room E018

Indianapolis, IN 46204

Telephone: (317) 232-6576

www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office on the web at www.sos.IN.gov
 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

Street address, line 2

City

State

ZIP code

Telephone number

()

E-mail address (If different from above – SOS use only)





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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:

☐ Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Limited Partnership

The entity is a ☐ Domestic entity ☐ Foreign entity registered to transact business in Indiana on _____.
(month, day, year)

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