

NO6000012039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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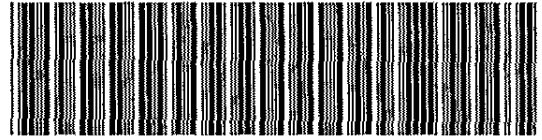
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Marine Best Practices, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: NO6000012039

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

Please return all correspondence concerning this matter to the following:

Vicente A Lanz

(Name of Contact Person)

Best Marine Practices, Inc.

(Firm/Company)

6690 W Hollandaire Dr.

(Address)

Boca Raton, FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Vicente A Lanz

(Name of Contact Person)

at ( 561 ) 416-9037

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Marine Best Practices, Inc.

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

N 06000012039

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Non profit corporation filing

(Document Type Being Corrected)

filed with the Department of State on November 21, 2006

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Incorrect name, the words of the name  
are in wrong order.

Correct the inaccuracy, incorrect statement, or defect:

The right name is: BEST Marine Practices, Inc.



(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.)

Vicente A Lanz

(Typed or printed name of person signing)

VP

(Title of person signing)

Filing Fee: \$35.00

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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