P08000114016

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(City/State/Zip/Phone #)

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(Document Number)

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8/8

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Citisleeper
(Name of Corporation)

DOCUMENT NUMBER: P03000114016

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

Please return all correspondence concerning this matter to the following:

Theresa Swetland
(Name of Contact Person)

Citisleeper INC
(Firm/Company)

3607 Tamiami Tr N
(Address)

Naples FL 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

TINKA (Name of Contact Person) at (239) 6496919 (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

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TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

for

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

P03000114016
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 FEIN (Document Type Being Corrected),

filed with the Department of State on 10-14-03 (File Date of Document).

Specify the inaccuracy, incorrect statement, or defect:

FEIN - 650438026

Correct the inaccuracy, incorrect statement, or defect:

FEIN 59-3583615

Theresa Camfield Sweetland
(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.)

T Sweetland
(Typed or printed name of person signing)

Pres
(Title of person signing)

Filing Fee: $35.00

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0034

OMB Clearance No.: 1545-0130

In reply refer to: 0426030663
Feb. 06, 2004 LTR 147C E
59-3583615 200112 02 000
01546
BODC: SB

CITISLEEPER INC
963 4TH AVE N
NAPLES FL 34102

Employer Identification Number: 59-3583615

Dear Taxpayer:

We received your Form 1120S, U.S. Income Tax Return for an S Corporation
under employer identification number (EIN) 65-0438026. Our records show you were assigned EIN 59-3583615 so we are processing your tax return using that EIN. You should file using EIN 59-3583615 for any future tax periods.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Ms N. Skinner

Ms. N. Skinner
Dept. Manager, Input Correction

Enclosure(s):
Copy of this letter