

P04000164018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

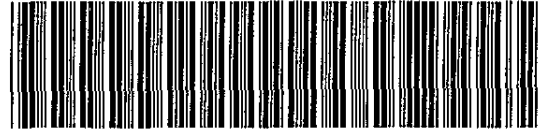
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dept. of Correction N/c

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peace of Mind Hurricane Shutter Sales & Your Dock!
(Name of Corporation)

DOCUMENT NUMBER: P04000164018

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

Please return all correspondence concerning this matter to the following:

Thomas F. Mullen
(Name of Person)

Same as above
(Name of Firm/Company)

33 Deercreek Rd D105
(Address)

Deerfield Bch FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas F Mullen
(Name of Person)

at (561) 392-7990
(Area Code & Daytime Telephone Number)

954 263 2980 (cell)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

Peace of Mind Hurricane Shutter Sales & Your Dock

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

PO4000164018

Document Number (if known)

FILED

04 DEC 20 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doctor 7

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 Name of Corporation

(Document Type)

filed with the Department of State on Dec 7, 2004

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name too long and abstract for obtaining
Occupational licence. Need corporate
name change.

Correct the inaccuracy, incorrect statement, or defect:

Please change name to reflect the
following

Thomas Mullen Inc

Thomas F Mullen Pres

(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.)

Thomas F. Mullen

(Typed or printed name of person signing)

Owner / Pres.

(Title of person signing)

Filing Fee: \$35.00