

P09000073359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

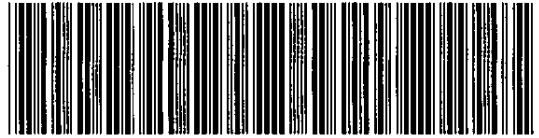
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FACE FIRST ALLSTAR PRODUCTIONS

Name of Corporation

DOCUMENT NUMBER: P09000073359

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

Please return all correspondence concerning this matter to the following:

NOAH MOMPOINT

Name of Contact Person

TAX RESOURCE CENTER OF FLORIDA INC

Firm/Company

20401 NW 2 AVENUE, SUITE 103

Address

MIAMI, FLORIDA 33169

City/State and Zip Code

TAXRESOURCECENTER@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOAH MOMPOINT

Name of Contact Person

at (305) 652-4300

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

FACE FIRST ALLSTAR PRODUCTIONS, Inc.

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

P09000073359

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 THE ARTICLES OF INCORPORATION,
(Document Type Being Corrected)

filed with the Department of State on AUGUST 28, 2009,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION: FACE FIRST ALLSTAR PRODUCTIONS, INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

NAME OF CORPORATION: DARYL D. DAVIS CORPORATION

Daryl Davis

(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.)

DARYL D. DAVIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00