

PI-0000051715

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SECRETARY OF STATE  
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Art. of Correction  
w/ NAME  
CHANGE

DC

JUL 13 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2010

IRMA MICHELLE JACKSON  
IM CREDIT SOLUTION & GRANT WRITER CONSUL  
7300 POMELO DR.  
ORLANDO, FL 32819

SUBJECT: IM CREDIT SOLUTION 7 GRANT WRITER CONSULTANT INC  
Ref. Number: P10000051715

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE DOCUMENT TYPE BEING CORRECTED SHOULD BE: ARTICLES OF INCORPORATION.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 010A000161

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL 12 AM 8:00

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IM Credit Solution 7 & Grant Writer Consultant Inc  
Name of Corporation

**DOCUMENT NUMBER:** P10000051715

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

Please return all correspondence concerning this matter to the following:

Irma Michelle Jackson

Name of Contact Person

IM Credit Solution & Grant Writer Consultant Inc

Firm/Company

7300 Pomelo Drive

Address

Orlando Florida 32819

City/State and Zip Code

imcreditandgrantconsultant@hotmail.com

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

For further information concerning this matter, please call:

Irma Michelle Jackson

Name of Contact Person

at ( 407 ) 242-3026

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

**IM Credit Solution 7 Grant Writer Consultant Inc**

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

**P10000051715**

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 **ARTICLES OF INCORPORATION**

(Document Type Being Corrected)

filed with the Department of State on **June 18, 2010**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**Incorrect Name: IM Credit Solution 7 Grant Writer Consultant Inc**

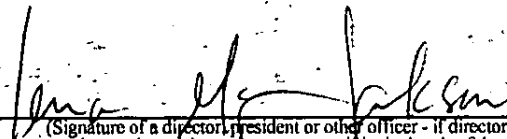
**Incorrect Address 7300 Pemelo Drive Orlando FL. 32819**

Correct the inaccuracy, incorrect statement, or defect:

**Correct Name IM Credit Solution & Grant Writer Consultant Inc**

**Correct Address 7300 Pomelo Drive Orlando Florida 32819**

FILED  
10 JUL 12 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



(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.)

**IMCMA Michelle Jackson**  
(Typed or printed name of person signing)

**Owner-CEO**  
(Title of person signing)

**Filing Fee: \$35.00**