

P10000101126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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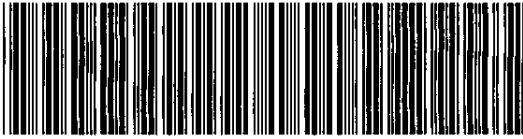
(Business Entity Name)

(Document Number)

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*Articles of
Correction*

FILED
2010 DEC 27 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
12/29/10

COVER LETTER.

TO: Amendment Section
Division of Corporations

SUBJECT: AGA APPLIANCE SERVICE & REPAIR, INC
Name of Corporation

DOCUMENT NUMBER: P10000101126

The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ALBERTO GARCIA
Name of Contact Person

AGA APPLIANCE SERVICE & REPAIR, INC
Firm/Company

1202 12TH LN
Address

GREENACRES FL 33463
City/State and Zip Code

elmaosis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO GARCIA at (561)
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|---|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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 FILED

for

2010 DEC 27 PM 4: 20

AGA APPLIANCE SERVICE & REPAIR, INC

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

P10000101126

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 PROFFIT

(Document Type Being Corrected)

filed with the Department of State on 12/15/2010

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF OFFICER/DIRECTOR: ALBERTO GARCIA

NAME OF REGISTERED AGENT: ALBERTO GARCIA

Correct the inaccuracy, incorrect statement, or defect:

NAME OF OFFICER/DIRECTOR: ALBERTO GARCIA ALZATE

NAME OF REGISTERED AGENT: ALBERTO GARCIA ALZATE

(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.)

ALBERTO GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00