

P13 000030021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500246648515

04/16/13--01014--014 **35.00

FILED
13 APR 16 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art of Law / 4/22/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALE RIDER CO.

Name of Corporation

DOCUMENT NUMBER: P13000030021

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

Please return all correspondence concerning this matter to the following:

Michael Angelo

Name of Contact Person

FL State Filings Co.

Firm/Company

619 Cattlemen Road -- S155

Address

Sarasota FL 34232

City/State and Zip Code

flstatefilings@gmail.com

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

For further information concerning this matter, please call:

Michael Angelo

Name of Contact Person

at (850) 558 5626

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

PALE RIDER CO.

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

P13000030021

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 04/02/2013
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

FILED
13 APR 16 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

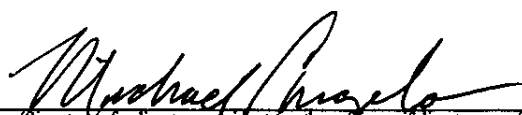
ADD OFFICER;

TITLE (VST)

Alice N. Nicolai

13241 112th St. North

Largo, FL 33778



(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.)

Michael Angelo

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

Filing Fee: \$35.00