

PI4 0000 51484

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000144821 3)))



H140001448213ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (950) 617-6380

From:  
Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SWOFFICE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED  
14 JUN 17 PM 5:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
14 JUN 17 PM 12:15  
TALLAHASSEE, FLORIDA

JUN 18 2014

C. CARROTHERS

**ARTICLES OF CORRECTION**

for

**SWOFFICE INC**

Name of Corporation or Entity Registered with the Florida Dept. of State

**F14000051484**

Document Number (if known)

Pursuant to the provisions of Section 607.012(1) or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the filing 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 12, 2014**

(Date of Document)

Specify the inaccuracy, incorrect statement, or defect

**INCORRECT OFFICER INFORMATION**

**REMOVE GABRIEL S DIAZ-SARMIENTO**

Correct the inaccuracy, incorrect statement, or defect:

**THE CORRECT OFFICER INFORMATION IS:**

**TITLE:**

**NAME: ALVARO CORDOBA**

**ADDRESS: 2851 NE 183 STREET, APT 1406**

**AVENTURA, FL 33180**

I, the undersigned, being a duly qualified officer or director of the corporation named herein, do hereby certify that the foregoing is a true and correct statement of the facts stated therein.

**ALVARO CORDOBA**

(Print or printed name of person signing)

**SECRETARY**

(Title of person signing)

SECRETARY OF STATE  
PALM BEACH, FLORIDA

14 JUN 17 PM 12:15

FILED