

P100000038888

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(Address)

(Address)

(City/State/Zip/Phone #)

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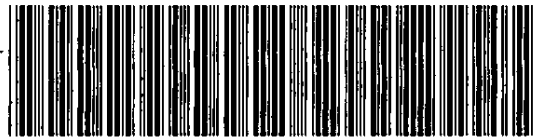
(Business Entity Name)

(Document Number)

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10 MAY -5 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts MAY 07 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AAG Claims Relief Program Inc
Name of Corporation

DOCUMENT NUMBER: W10000019373

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

Please return all correspondence concerning this matter to the following:

Pomeranz & Associates PA.
Name of Contact Person

Pomeranz & Associates PA.
Firm/Company

1920 E HALLANDALE BEACH Blvd #802
Address

Hallandale FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

MARK Pomeranz at (305) 891 5858
Name of Contact Person 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

AAB Claims Relief Program Inc.

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

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 5/5/2010.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Spelling of LAST NAME of officer
NEEDS TO BE changed to "OKUN"

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10 MAY -5 AM 11:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

"OKUN"

[Signature]
(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.)

Vlad OKUN

(Typed or printed name of person signing)

SIC

(Title of person signing)

Filing Fee: \$35.00