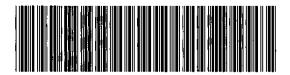
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: BMP CONVEY	inence Corporation		
DOCUMENT NUMBER: \$\0000046199			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Laura Conduct Name of Contact Person			
DMP Convenience	Corp		
823 Padua La			
Clear Jak FL 3? City/State and Zip Code	5754		
lauracondict 256ehre E-mail address: (to be used for future annual rep	tmail, wm		
For further information concerning this matter, please call:			
Laura Condict Name of Contact Person	at (727) 415-3680 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	nt:		
\$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

ARTICLES OF CORRECTION for for ARTICLES OF CORRECTION
BMP Convenience Copy AMII: 46 Name of Corporation as currently filed with the Florida Dept. of State P10000040199
P1000040199 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
filed with the Department of State on 5/10/200 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
The treasurers name was Donna Baum
Correct the inaccuracy, incorrect statement, or defect:
The correct name is Donna Hoppes-
She is still the treasurer
(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.)
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00