## 003772

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

WEEKLEY HOMES REALTY COMPANY SUBJECT:				
DOCUMENT NUMBER: F06000003772	ame of Corporation			
The enclosed Articles of Correction and fe	e are submitted	for filing		
Please return all correspondence concerning	ig this matter to	the following:		
Mary Castillo				
Name of Contact Person	·	<u> </u>		
Registered Agent Solutions, Inc.				
Firm/Company		<del>_</del>		
5301 Southwest Parkway, Suite 400				
Address		_		
Austin, Texas 78735				
City/State and Zip Code		<del>_</del>		
E-mail address: (to be used for future annual re	eport notification)	_ <del>_</del>		
2 1121 222 (6 10 10 10 10 10 10 10 10 10 10 10 10 10	,			
For further information concerning this ma	atter, please cal	l:		
Mary Castillo	at (	705-7274		
Name of Contact Person	at ( Area Code	Daytime Telephone Number		
Enclosed is a check for the following amo	unt:			
☐ \$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:		Street Address:		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

WEEKLEY HOMES REALTY COMPANY	
Name of Corporation as currently filed with the Flo	orida Dept of State
Document Number (if known)	
Pursuant to the provisions of Section 617.0124, Florida Stat Articles of Correction within 30 days of the file date of the c	utes, this corporation files these 1025 HAR
These articles of correction correct Profit Qualification	ent Type Being Corrected)
filed with the Department of State on 05/26/2006 (File Date of Do	· · · · · · · · · · · · · · · · · · ·
Specify the inaccuracy, incorrect statement, or defect:	2
State of Domestication: North Dakota	: <b>2</b>
Suite of Bolleckiellan Feetin Bulletin	
Correct the inaccuracy, incorrect statement, or defect:	
State of Domestication should be: Delaware	
Se Enjuriell	
(Senature offa diffector, president or other officer - if not been selected, by an incorporator - if in the hand other countyppointed fiduciary, by that fiduciary.)	s of the receiver, trustee, or
John Burchfield	Vice President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00

ANEXUVI.