

F080000001553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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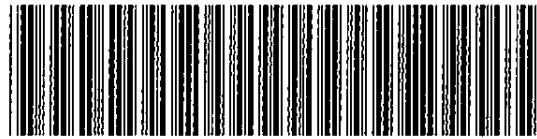
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 15 PM 12:51

Art Correction
CUB
(1a) 4.18.08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aria Title Corp.

(Name of Corporation)

DOCUMENT NUMBER: F08000001553

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

Please return all correspondence concerning this matter to the following:

Laurie Hammerbacher

(Name of Contact Person)

Aria Title Corp.

(Firm/Company)

7700 Square Lake Blvd.

(Address)

Jacksonville, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie Hammerbacher

(Name of Contact Person)

at (904) 265-2098 ext 7000

(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

Aria Title Corp.

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

F08000001553

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 Certificate of Authority,
(Document Type Being Corrected)

filed with the Department of State on 03/06/08,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The Principal address:7035 Phillips Hwy, Ste 5-136

Jacksonville, FL 32216

The Mailing address:7035 Phillips Hwy, Ste 5-136

Jacksonville, FL 32216

Correct the inaccuracy, incorrect statement, or defect:

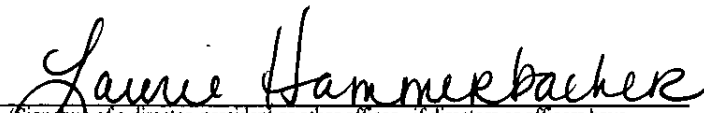
The Principal address:7700 Square Lake Blvd.

Jacksonville, FL 32256

The Mailing address:7700 Square Lake Blvd.

Jacksonville, FL 32256

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SECRETARY OF STATE
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(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.)

Laurie Hammerbacher

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00