J07867

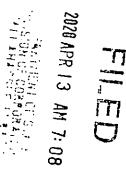
| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
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| Special Instructions to Filing Officer: | | |
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APR 2 8 2020 S. YOUNG

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: PROLINE DISTRIB | UTORS, INC. |
| DOCUMENT NUMBER: J07867 | |
| The enclosed Articles of Correction and fed | e are submitted for filing. |
| Please return all correspondence concerning | g this matter to the following: |
| DANIEL J. SHEPHERD, ESQUIRE Name of Contact Person | |
| DANIEL J. SHEPHERD, P.A. | |
| Firm/Company | |
| 3896 BURNS ROAD, SUITE 101 | |
| PALM BEACH GARDENS, FLORIDA 334 City/State and Zip Code | 10 |
| dary1@prolinedist.com E-mail address: (to be used for future annual report further information concerning this ma | |
| DANIEL J. SHEPHERD, ESQUIRE Name of Contact Person | at (561) 624-3001 EXT. 11 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amou | int: |
| \$1 \$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF CORRECTION

For

| | 920 -718 |
|--|---------------------------------------|
| PROLINE DISTRIBUTORS, INC Name of Corporation as currently filed with the Florida Dept. of | |
| . and of Corporation of the Corp | |
| J07867 | ရှိခဲ့မြှုံ ယ |
| Document Number (if known) | |
| | · · · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of Section 607.0124, Florida Statutes. | 7:08 |
| These articles of correction correct 2020 FLORIDA PROFIT COR (Document Type Be | PORATION ANNUAL REPORT |
| filed with the Department of State on MARCH 17, 2020 (File Date of Document) | <u> </u> |
| Specify the inaccuracy, incorrect statement, or defect: | |
| MICHELE COLES SHOULD NOT HAVE BEEN LISTED AS A | CORPORATE OFFICER |
| ANY LONGER AND WENDY LANTIERI AND KEITH R. GOI | LDFARB SHOULD BE ADDED |
| SEE BELOW. | |
| | |
| | |
| | |
| | |
| | |
| Correct the inaccuracy, incorrect statement, or defect: | |
| • | (07) |
| REMOVE MICHELE COLES AS SECRETARY / TREASURER | (ST) |
| ADD WENDY LANTIERI AS SECRETARY / TREASURER | (ST) |
| ADD KEITH R. GOLDFARB AS VICE PRESIDENT | (VP) |
| | |
| | |
| | |
| \wedge | |
| 16/1/2 | |
| (Signature of academy president or other officer - if directors or | officers have |
| not been effected, by an incorporator - if in the hands of the receipting of the rec | river, Inislee, or |
| | |
| DARYL B. COLES | PRESIDENT |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00