

NO8000005609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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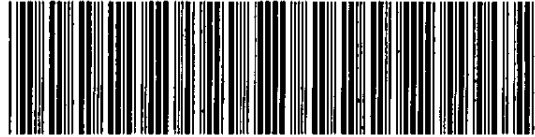
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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20/6/08
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Legacy Project Inc

(Name of Corporation)

DOCUMENT NUMBER: N08000005609

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

Please return all correspondence concerning this matter to the following:

CARA EBERT CAMERON

(Name of Contact Person)

CARA EBERT CAMERON, P.A.

(Firm/Company)

2929 East Commercial Blvd.; Suite 410

(Address)

FORT LAUDERDALE, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

CARA EBERT CAMERON

(Name of Contact Person)

at (954) 771-9221 Ext. 1

(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

The Legacy Project Inc

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

N08000005609

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation has filed 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 June 11, 2008

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name change requested by President of the Corporation

Correct the inaccuracy, incorrect statement, or defect:

The Legacy Art Project Inc

Nilda Comas
(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.)

Nilda Comas

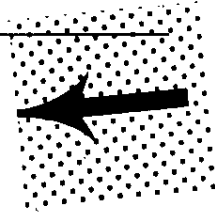
(Typed or printed name of person signing)

President/Director

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA



**SIGN
HERE**