N12000011741

| (Requestor's Name) | | | | |
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COVER LETTER

| Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: Blueville Charitie | es Corp. | | | |
| DOCUMENT NUMBER: N1200001 | Name of Corporation | | | |
| | | or filing | | |
| The enclosed Articles of Correction and fe | | - | | |
| Please return all correspondence concerning | ng uns mauer to t | ne tonowing. | | |
| Samson Peters Name of Contact Person | | • | | |
| Name of Contact Person | | | | |
| Firm/Company | | - | | |
| 1418 Tanner Lane | | | | |
| Address | | - | | |
| Winter Springs, FL 327 | 708 | | | |
| City/State and Zip Code | | _ | | |
| | | | | |
| E-mail address: (to be used for future annual r | report notification) | - | | |
| For further information concerning this m | atter, please call: | • | | |
| Samson Peters | 407 | 432-9047 | | |
| Name of Contact Person | at (Area Cod | 432-9047 le & Daytime Telephone Number | | |
| | | | | |
| Enclosed is a check for the following amo | ount: | | | |
| □ \$35.00 Filing Fee | | ng Fee & Certificate of Status | | |
| _ | | \$43.75 Filing Fee & Certificate of Status | | |
| □ \$43.75 Filing Fee & Certified Copy | \$52.50 Filing Fee, Certificate of Status & Certified Copy | | | |
| | 6 | | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | | |
| Division of Corporations | Division of C | Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

ARTICLES OF CORRECTION

| AKTICLES | or conducti | ION | -u 55 | 1 |
|---|---------------------------------------|--------------|-----------------------|------------------------------|
| | For | | FILEC | 15 |
| DI 31 OL 31 | | L Erns | H16 | PM 3: 15 |
| Blueville Charities Corp. Name of Corporation as curre N1200001174 | otly filed with the Florida De | nt of States | 5 5 4 4 5 T | OF STATE |
| realic of corporation as curre | nuy mea will die rionda te | TALL | HASSE | E. FLOWS |
| | | \$ | | |
| Documen | t Number (if known) | | | |
| Pursuant to the provisions of Section 607.0124 these Articles of Correction within 30 days of | the file date of the d | locumen | tes, this it being | corporation files corrected. |
| These articles of correction correct Articles | of Incorporation | n | | |
| | (Document Type | Being Com | ected) | |
| filed with the Department of State on 12/18/ | (File Date of Document) | | <u></u> . | • • |
| Specify the incompany incompat statement on | , , , , , , , , , , , , , , , , , , , | | | |
| Specify the inaccuracy, incorrect statement, or | | Sama | an Da | toro boo no |
| Samson Peters is incorrectly listed | | | | |
| affiliation with this company and h | as never had a | any aff | iliatio | n with this |
| company. | | | | |
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| Correct the inaccuracy, incorrect statement, or | | -l | | |
| Please remove Samson Peters fro | m any and all d | aocum | ents a | associated |
| with this company. | | | | |
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| , — | | | | |
| | 3 | | | |
| | 29/11. | | | |
| (Signature of a director, presiden | | | | |
| not been selected, by an incorpo other court appointed fiduciary, | rator - if in the hands of the re | | | |

Filing Fee: \$35.00

(Typed or printed name of person signing)