116000008913

(Requestor's Name)	
(Address)	9002922
(Address)	
(City/State/Zip/Phone #)	FILING C RETURN
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	11/14/160103
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

96159

ANCELLED ED CHECK

2--028 **35.00

This Articles of Correction should have never be en filed because the form was not completed properly. Also the amendment that this was correcting has been voided because the check was no good and the filing was cancelled for non payment.

dcc 01/11/2017

Office Use Only



NOV 18 2016



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DEt 2 MILI	Name of Corporation
DOCUMENT NUMBER: N 10(.	0000413
The enclosed Articles of Correction and	fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
MONIQUE JOES Name of Contact Person	
Firm/Company	
All M PINCHIERA	 .
Mando H 326 City/State and Zip Code	311
DIGHT STATE AND ADDRESS (to be used for future annual	USTZ Dawn 4 QYONOO Can
For further information concerning this	matter, please call:
Mani Que Hareon Name of Contact Person	at (<u>M</u>) <u>437- 2000</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following an	nount:
\$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

FILING CANCELLED RETURNED CHECK

For	RETURNED (
Name of Corporation as currently filed with the Florida Dept. of State	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Status hese Articles of Correction within 30 days of the file date of the document hese articles of correction correct	
iled with the Department of State on	
Specify the inaccuracy, incorrect statement, or defect: OND POWER SOLVEN EONEWIA	Gram
THE VP	
Correct the inaccuracy, incorrect statement, or defect:	
(Signature of a director, president or other officer - if directors or officers had not been selected, by an incorporator - if in the hands of the receiver, trusted other court appropriet fiftherings, but that following.)	ve c, or

Filing Fee: \$35,00

VOID