

# N23000002345

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State within 30 days after filing if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 617.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 617.01201, Florida Statutes, the document must be typewritten or printed and must be legible.

<b>Filing Fee</b>	<b>\$35.00</b> (Includes a letter of acknowledgment)
<b>Certified Copy</b> (Optional)	<b>\$ 8.75</b>
<b>Certificate of Status</b> (Optional)	<b>\$ 8.75</b>

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**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

For further information, you may contact the Amendment Section at (850) 245-6050.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

D.A.B.CO, INC.

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

N23000002345

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Peter Bruton

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

1031 Windy Way

\_\_\_\_\_  
Address

Apopka, FL 32703

\_\_\_\_\_  
City/State and Zip Code

Brut357@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Bruton 407 415-6364

\_\_\_\_\_  
Name of Contact Person at ( \_\_\_\_\_ )  
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:**

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Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

D.A.B.CO, INC.

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

N23000002345

Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

Not For Profit Organization

These articles of correction correct

(Document Type Being Corrected)

February 24th 2023

filed with the Department of State on

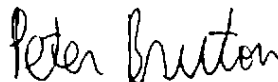
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Electronic Signature of Incorporator is incorrect. It is listed as Peter Burton ( Incorrect spelling of last name)

Correct the inaccuracy, incorrect statement, or defect:

Electronic Signature of Incorporator should be listed as Peter Bruton (Correct spelling of last name)



(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.)

Peter Bruton

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

DEPT. OF STATE  
FILED  
TALLAHASSEE, FLORIDA

23 JUL 20 PM 4:29

FILED