## P300014400

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Ви	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Affel pengenson XRB 4/25



## BOB ALLEN COMPLETE SYSTEMS CONTRACTING, INC. 120 E. OAKLAND PARK BLVD. #105 FORT LAUDERDALE, FLORIDA 33334-1106

T: (954) 854-3505

F: (954) 565-8052

LICENSED/INSURED GEN. CONT.: CGC 1517350

April 19, 2011

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Bob Allen Complete Systems Contracting, Inc.

To Whom It May Concern:

When I sent you the latest addition to our corporation I sent in the request with a misspelled last name. The proper spelling for the additional name is:

NDRECA, Zeff J.

I inadvertently sent it in as:

NORECA, Zeff J.

If you would make the necessary change I would appreciate it.

Thank you in advance for your time and attention to this matter.

, Sincerely

Randy Scott Sweet

Manager

SECRETARY OF STATE ALLAHASSEE, FLORID

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