

PO300063788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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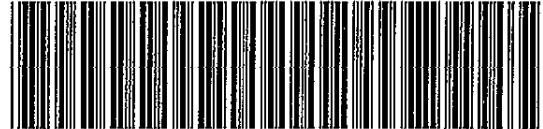
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE FALLS TITLE INSURANCE COMPANY
(Name of Corporation)

DOCUMENT NUMBER: PD3000063788

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

Please return all correspondence concerning this matter to the following:

ALAN M. SOROTA
(Name of Person)

FEINSTEIN & SOROTA, P.A.
(Name of Firm/Company)

290 N.W. 165th ST, PH-4
(Address)

MIAMI, FLORIDA 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN M. SOROTA at (305) 944-4777
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | |
|--|--|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

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for

03 JUN 13 PM 1:13

THE FALLS TITLE INSURANCE COMPANY

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

PO3000063788

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction.

These articles of correction correct PO3000063788
(Document Type)

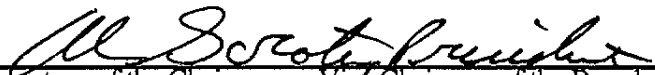
filed with the Department of State on JUNE 5, 2003
(File Date of Document)

Specify the incorrect statement and reason it is incorrect or the manner in which the execution was defective:

THE NAME OF THE CORPORATION READS:
"THE FALLS TITLE INSURANCE COMPANY". THE
NAME IS INCORRECT DUE TO SCRIVENER'S
ERROR.

Correct the incorrect statement or defective execution:

FALLS TITLE INSURANCE COMPANY


Signature of the Chairman or Vice Chairman of the Board of Directors, any officer, or an
incorporator, if applicable.

ALAN M. SPROTTA
Typed or printed name of signee

PRESIDENT
Title

Filing Fee: \$35.00