P03000142601

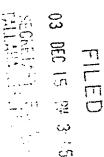
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dasiness Endy (Valle) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TRANSMITTAL LETTER

| то: | Amendment Section Division of Corporations | |
|--------|--|--|
| SUBJ | ECT: GERARDO SALAZAR DRYWALL, IN | C proporation) |
| DOC | UMENT NUMBER: P03000142601 | |
| The en | nclosed Articles of Correction and fee are s | ubmitted for filing. |
| | e return all correspondence concerning this | |
| | GERARDO SALAZAR (Name of | |
| | | |
| | GERARDO SALAZAR DRYWALL, INC (Name of Fire | n/Company) |
| 7210 | N MANHATTAN AVE STE 2521 (Add | ress) |
| | TAMPA, FL 33614 (City/State an | d Zip Code) |
| For fu | orther information concerning this matter, pl | lease call: |
| GERA | ARDO SALAZAR at ((Name of Person) | 813) 264-1922 (Area Code & Daytime Telephone Number) |
| **** | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclo | sed 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 Tallabasses, Florida 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 |

ARTICLES OF CORRECTION

for

GERARDO SALAZAR DRYWALL, INC. Name of Corporation as currently filed with the Florida Dept. of State

| hese Articles of Correction within 30 days of the file | e date o | f the d | ocumen | t being co | orporation prected. | |
|--|------------|----------|-------------|------------------|------------------------|-------------|
| These Articles of Correction correct ARTICLE VII | | | 3 | | | |
| iled with the Department of State on 12/01/03 - | Date of Do | ocument) | | | | |
| Specify the inaccuracy, incorrect statement, or defec | t: | | | | | |
| RAFAEL SALAZAR - VICEPRESIDENT | | | 1.7.°E | | <u> </u> | <u> </u> |
| DRLANDO SALAZAR- VICEPRESIDENT | <u></u> | · | | | <u> </u> | |
| | | <u> </u> | | | | |
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| | | 1_ | | | | |
| Correct the inaccuracy, incorrect statement, or defec | <u></u> | | | | <u> </u> | _ |
| DELETE: RAFAEL SALAZAR | | | | | , | |
| DELETE: ORLANDO SALAZAR | <u>-</u> _ | <u> </u> | · | | | |
| JEHET B. ORLEAND O DATE ME AL | <u> </u> | | | | | |
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| | <u>.</u> | | | <u> </u> | <u> </u> | |
| | · | | | - • • | | |

GERARDO SALAZAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00