P03000150917

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TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations	
SUBJ	TECT: PROMISED ASSURANCE REALTY, (Name of C	
DOC	UMENT NUMBER: P030001590917	
The e	nclosed Articles of Correction and fee are s	submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
	J C HUDSON (Name o	Person)
	AFFORDABLE ADVOCATES (Name of Fir	m/Company)
2270 (GRIFFIN ROAD PMB#331	ress)
	LAKELAND, FLORIDA 33810 (City/State ac	,
For fu	uther information concerning this matter, p	lease call:
JC H	UDSON at ((Name of Person)	813) 716.6701 (Area Code & Daytime Telephone Number)
Enclos	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 Tallahassee, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF CORRECTION

FILED

for

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PROMISED ASSURANCE REALTY, INC.	TECHE MARY OF STATE
Name of Corporation as currently filed with the Florida Dept, o	ASSERT FLORIDA
P03000150917	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida these Articles of Correction within 30 days of the file date of the doc	Statutes, this corporation files ument being corrected.
These Articles of Correction correct ARTICLES OF INCORPORATI	ON ,
filed with the Department of State on DECEMBER 15, 2003 (File Date of Document)	<u> </u>
Specify the inaccuracy, incorrect statement, or defect:	
CORPORATE NAME: PROMISED ASSURANCE REALTY, INC.	
Correct the inaccuracy, incorrect statement, or defect:	
CORPORATE NAME: REJOICE REALTY, INC.	
(Signature of a director, president or other officer - If directors or or not been selected, by an incorporator - if in the hands of the receive other court appointed fiduciary, by that fiduciary.)	fficers have er, trustee, or
MELONY COPPI (Typed or printed name of person signing)	OWNER (Title of person signing)

Filing Fee: \$35.00