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Articles of Cornection And Name Charge LPS 3-30-04

TRANSMITTAL LETTER

	dment Section on of Corporations	• • • • • • • • • • • • • • • • • • •
SUBJECT:_	SEASIDE SE	CURETY CONSULTING, INC.
DOCUMENT		000 4 3474
The enclosed	Articles of Correction and fee are su	ibmitted for filing.
Please return	all correspondence concerning this r	natter to the following:
	En Braz	erson)
	(Name of Firm	/Company)
	2632 Holly W	oed Blud. #203
	Holly wood, Fl	73020 12ip Code)
	formation concerning this matter, pl	ease call: 754 234-8764 (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:	
. Of \$35	5.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
□ \$43	3.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
Pybre ->	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

SECRETARY OF STATE
DIVISION OF CORPORATION.

ARTICLES OF CORRECTION

for

2004 MAR 25 PM 12: 13

SEASIDE SECURITY CONSULTING TWC. Name of Corporation as currently filed with the Florida Dept. of State
Po4000 4 3474 Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These Articles of Correction correct ARTICLES OF INCORPORATION. (Document Type) filed with the Department of State on 3-8-2004 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: THE NAME OF THE CORPORATION:
SEASIDE SECURITY CONSULTING, FNC.
Correct the inaccuracy, incorrect statement, or defect: THE NAME OF THE CORPORATION SHOULD BE: SEASIDE SECURE CONSULTING, INC.
(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.)
ALBERT PAPA (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00