P0400006028

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





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: W. V. S. OName of C.	orporation + Pisposal Zn
The enclosed Articles of Correction and fee are s	physitted for filing
Please return all correspondence concerning this	•
rease return an correspondence concerning time	matter to the following:
	T. Vins
(Name of Chame of Chame of Fire	m + Desosal, Enc.
6030 NW 138t	Thrace
Ocula FC	JY48/
For further information concerning this matter, pl	ease call: 350 598-019 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
2 \$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

for
William of Corporation as currently filed with the Flavida Dept. of State
Name of Corporation as currently fried with the Friends Dept. of State
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 Hollow Florica Hotel
filed with the Department of State on $4-21-04$ (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Incorrect actions 6030 No 138- Junesco
Correct the inaccuracy, incorrect statement, or defect: Correct address 6030 5w 138 Turuce
(Signature of a director, president or other officer - if directors or officers have nothern selected, by an incorporator - if in the hands of the receiver, trustee, or office court appointed fiduciary, by that fiduciary.)
Teme Wilking (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00