## 04000078049

DIVISION OF CORPORATIONS 2005 APR -4 AM 8: 03

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(City/State/Zip/Phone #)			
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Food DISTRIB	Corporation)
DOCUMENT NUMBER: PD 40 00	00 78049
The enclosed Articles of Correction and fee are	submitted for filing.
Please return all correspondence concerning this	s matter to the following:
I/CAWA (Name	Come of Person)
Sung 14/12 (Name of F	o Arabuntine
1925 E T	The Ave ti
HIPle 15h (City/State	FC 33010 and Zip Code)
For further information concerning this matter,	•
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed 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

DIVISION OF CORPORATIONS
2005 APR -4 AM 8: 03

for

Food DISTRIBUTOR Forc.  - Name of Corporation as currently filed with the Florida Dept. of State
Praise of Corporation as currently field with the Profita Dept. of Build
P 0 40000 7 8 8 4 9  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 A wend mon T
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
NAME OF THE CORPORATION WAS INCORRECTLY.
WRITTEN
Correct the inaccuracy, incorrect statement, or defect:
NAME OF CONFORMATION Should be IVANES FOOD DISTRIBUTOR INC.
IVANES FOOD DISTRIBUTOR INC.
•
(Control of the Control of the Contr
(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.)
ANA L SORI PRESIDENT
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00