

P04000111879

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

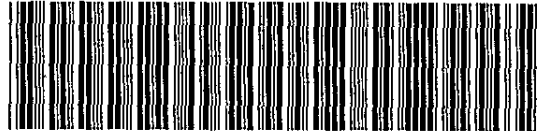
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correction with n/c

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCIDENT ATTORNEY HELPLINE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000111879

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDDY ALEQUIN
(Name of Person)

NATIONAL ACCOUNTING & MANAGEMENT ASSOCIATES
(Name of Firm/Company)

P.O. BOX 677642
(Address)

ORLANDO, FL. 32867-7642
(City/State and Zip Code)

For further information concerning this matter, please call:

FREDDY ALEQUIN at (407) 677-5157
(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

for

ACCIDENT ATTORNEY HELPLINE, INC

Name of Corporation as currently filed with the Florida Dept. of State

P04000111879

Document Number (if known)

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TALLAHASSEE, FLORIDA

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 ELECTRONIC ARTICLES OF INCORPORATION
(Document Type)

filed with the Department of State on JULY 30, 2004
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

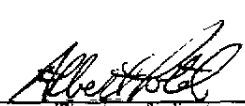
THE NAME AND ADDRESS OF THE CORPORATION NEED CORRECTIONS.

Correct the inaccuracy, incorrect statement, or defect:

CORRECT NAME IS: ATTORNEY'S HELPLINE, INC.

CORRECT ADDRESS IS: 903 WEST EMMET STREET SUITE 2 & 3

KISSIMMEE, FL. 34741


(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 POTEL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00