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(R	(equestor's Name)	
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10.27.04

## TRANSMITTAL LETTER

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: ()(\minimiz)	TIVE Services of NWFCIW.  (Name of Corporation)
DOCUMENT NUMBER:	1040 (CL 135844)
The enclosed Articles of Correcti	ion and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
$_{a}$	(Name of Person)
Caministra	the Services it Nivita. Inc
500	i Palsam Street
	H20 Crity/State and Zip Code)
For further information concerning	ing this matter, please call:
(Name of Person)	at (Area Code & Daytime Telephone Number)
Enclosed is a check for the follow	ving amount:
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Ce	ertified Copy  \$52.50 Filing Fee, Certificate of Status & Certified Copy
Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	ations Division of Corporations 409 E. Gaines Street

## ARTICLES OF CORRECTION

for

Comments that the Services of NWFL Inc.  Name of Corporation as currently filed with the Florida Dept. of State	•
PCUCLO 1355LL 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 11/11/16 (Document Type)	
27 77 131	
Specify the inaccuracy, incorrect statement, or defect:	1
Specify the inaccuracy, incorrect statement, or defect:	. P.
	ئر. 80 بن
Correct the inaccuracy, incorrect statement, or defect:  Please List the full with information for	
Scretary Rotan:	
Parden, ûnad	
5041 Michae Ridge D.	
Marine February	
(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)	

Filing Fee: \$35.00