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TO: Amendment Section Division of Corporations	
SUBJECT: Schleiche	er Select Proporties, INC
DOCUMENT NUMBER: PD40	00154665
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Diane Schleic Name of Contact Person	her
Schleicher Select	f Propulies INC
2010 PARK ST	<u> </u>
St. Peters burg City/State and Zip Code	Fr. 33710
B-mail address: (to be used for future annual re	COCESS. COM port notification)
For further information concerning this ma	itter, please call:
Diane Schleicher Name of Contact Person	v at (863) 581-2624 Area Code Daytime Telephone Number
Enclosed is a check for the following amou	int:
☑ \$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, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF CORRECTION Pursuant to the provisions of Section 607.Q124, Florida Statutes. These articles of correction correct 2020 filed with the Department of State on _ Specify the inaccuracy, incorrect statement, or defect: NEED TO UPORTE BOTH THE PRIMARY & MAILING ADDRESS Correct the inaccuracy, incorrect statement, or defect: PLEASE UPDATE BOTH PRIMARY & MAILUNG ADDRESS FOR THE COMPANY ST. PETE, FL. 33710 863-581-2624 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