

P04000170188

(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:

Office Use Only



900044076329

01/12/75--11080--155 \*\*42 01

FILED  
05 JAN 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Art of Carr.

Q. Conallone JAN 21 2005

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SHAKROY ASSET MANAGEMENT, INC  
(Name of Corporation)

DOCUMENT NUMBER: P04000170188

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

Please return all correspondence concerning this matter to the following:

ROB ROY

(Name of Person)

SHAKROY ASSET MANAGEMENT, INC

(Name of Firm/Company)

1612 LONG PINE RD

(Address)

MELBOURNE, FL 32940

(City/State and Zip Code)

For further information concerning this matter, please call:

ROB ROY

(Name of Person)

at ( 321 ) 626-9864

(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

SHAKROY ASSET MANAGEMENT, INC

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

P04000170188

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 ARTICLE VII OF ARTICLES OF INCORPORATION  
(Document Type)

filed with the Department of State on DEC 21, 2004  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME CHANGE : 2<sup>ND</sup> DIRECTORS NAME LISTED AS :

SHAKEEL SAMSAIF

1155 THOMASVILLE LAWE

LAKELAND, FL 33811 US

Correct the inaccuracy, incorrect statement, or defect:

CORRECT NAME :

SHAKEEL MOGUL

1155 THOMASVILLE LAWE

LAKELAND, FL 33811 US

FILED  
05 JAN 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE FL 32399

Rob Roy

(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.)

ROB ROY

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00