

PO4000172194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

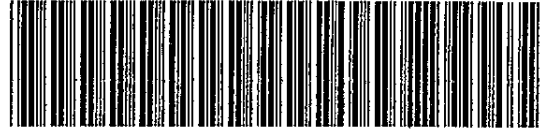
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AC
1/18/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: I. T. COMWARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Don Gavin

(Name of Person)

I. T. Comware, Inc.

(Name of Firm/Company)

2007 Bridgewater Dr.

(Address)

Lake Mary, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Novello

(Name of Person)

at (888)

(Area Code & Daytime Telephone Number)

304-4737 x87

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

I. T. COMWARE, INC.

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

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 the Articles of Incorporation

(Document Type)

filed with the Department of State on December 28, 2004

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The principal place of business address zip code is
incorrect. The correct zip code is 32750.

Correct the inaccuracy, incorrect statement, or defect:

The correct principal place of business
address zip code is 32750.

[Signature]
(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.)

Michael J. Novello

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA