

PO5000044626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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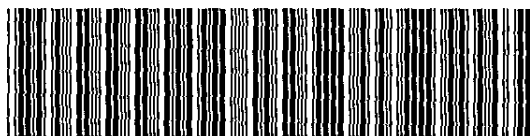
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Laping Inc

(Name of Corporation)

DOCUMENT NUMBER: 00004910050

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

Please return all correspondence concerning this matter to the following:

Michelle Lissade

(Name of Person)

Laping Inc

(Name of Firm/Company)

819 NE 199 Street

(Address)

Miami, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Lissade

(Name of Person)

at (954)

982-4919

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$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

Le Ping Inc.

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

P05000044626

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 of Of Incorporation

(Document Type)

filed with the Department of State on March 23, 2005

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Director was not added to corporation.

Correct the inaccuracy, incorrect statement, or defect:

To add Dominique cassagnol as Director of Leping Inc.

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.)

Harva Constant

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA