

PO5000054243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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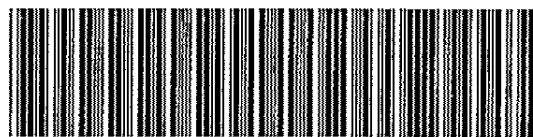
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DBT Service, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PA5000054243

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

Please return all correspondence concerning this matter to the following:

Graciela Torres
(Name of Person)

D & D Accounting & Tax Service, Inc.
(Name of Firm/Company)

1400 A 10TH STREET
(Address)

LAKE PARK, FL 33403
(City/State and Zip Code)

For further information concerning this matter, please call:

Graciela Torres at (561) 842-3642
(Name of Person) (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

DBT Service, Inc.

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

P05000054243

Document Number (if known)

05 APR 20 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 _____
(Document Type)

filed with the Department of State on 04/12/2005
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The company name filed incorrectly.

The companies registered agent middle initial is incorrect.

Correct the inaccuracy, incorrect statement, or defect:

Correct original company name to:

CBT Mobile Tire Service, Inc.

Change registered agent initial to A.

Tracy A. Atkinson

(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.)

Tracy A. ATKINSON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35.00