P05000119638

(Re	equestor's Name)	
(Ad	idress)	
	*	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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09/14/05--01006--009 **35.00



Art. of Corrections
W/Name
Change

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: DELAIR INC	orporation)
DOC	UMENT NUMBER: P0500011938	
	nclosed Articles of Correction and fee are s	ubmitted for filing.
	return all correspondence concerning this	•
	BRUCE I KRAVITZ (Name of	Person)
	BRUCE KRAVITZ P.A. (Name of Fire	n/Company)
1870 F	FOREST HILL BLVD SUITE 211 (Addi	ess)
	WEST PALM BEACH FLORIDA 33406 (City/State an	d Zip Code)
For fu	rther information concerning this matter, pl	ease call:
UVAL	DO RODRIGUEZ at (561) 641-0262 (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:	
	□ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
	☐ \$43.75 Filing Fee & 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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 22, 2005

BRUCE I. KRAVITZ BRUCE KRAVITZ P.A. 1870 FOREST HILL BLVD., SUITE 211 WEST PALM BEACH, FL 33406

SUBJECT: DELAIR INC. Ref. Number: P05000119638

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Document Specialist

Letter Number: 505A00058027

Corrected

ARTICLES OF CORRECTION

for

Name of Corporation as currently filed with the Flo	rida Dept. of State
PO5000119638	
Document Number (if known)	•
Pursuant to the provisions of Section 607.0124 or 617.0124, I hese Articles of Correction within 30 days of the file date of	Florida Statutes, this corporation files the document being corrected.
These Articles of Correction correct ARTICLES OF INCORP	ORATION cument Type)
filed with the Department of State on 08/26/2005 (File Date of Docu	ument)
Specify the inaccuracy, incorrect statement, or defect:	
ARTICLE 1 NAME : DELAIR INC.	
	
	<u>_</u>
	-
Correct the inaccuracy, incorrect statement, or defect:	ຶ້ນ
ARTICLE I, NAME: DILAIR INC.	
DU AID INO 19 THE CORDECT NAME OF THE CORDORA	TION
DILAIR INC, IS THE CORRECT NAME OF THE CORPORA	TION
,	
73 16	
	M. San have
(Signature of a director, president or other officer - if dire not been selected, by an incorporator - if in the hands of other court appointed fiduciary, by that fiduciary.)	the receiver, trustee, or
	INCORDOR AMOR
RUCE I KRAVITZ (Typed or printed name of person signing)	INCORPORATOR (Title of person signing)

Filing Fee: \$35.00