

POS 000124498

(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



900060155739

10/03/05--01056--019 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -3 PM 4:28

Art. of
Correction
10/14/05
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH TITLE CORP.

(Name of Corporation)

DOCUMENT NUMBER: P05000124498

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

Please return all correspondence concerning this matter to the following:

SILVIO CHERJOVSKY

(Name of Contact Person)

GRASIL, INC.

(Firm/Company)

P.O. BOX 22376

(Address)

LAKE BUENA VISTA, FL 32830

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIO CHERJOVSKY

(Name of Contact Person)

at (407) 355-3744

(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, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -3 PM 4:28

ARTICLES OF CORRECTION

for

SOUTH TITLE CORP.

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

P0500014498

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 ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on 09/09/2005
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PRINCIPAL ADDRESS: 2151 CONSULAR DR 5

MAILING ADDRESS: 2151 CONSULAR DR 5

REGISTERED AGENT ADDRESS: 2151 CONSULAR DR 5

NUMBER OF AUTHORIZED SHARES : 200

GUERRERO, REGIS: DP

VERDUGA ILITCH: DST

Correct the inaccuracy, incorrect statement, or defect:

PRINCIPAL ADDRESS: 2151 CONSULATE DR, STE 5

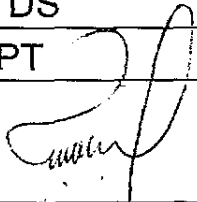
MAILING ADDRESS: 2151 CONSULATE DR, STE 5

REGISTERED AGENT ADDRESS: 2151 CONSULATE DR, STE 5

NUMBER OF AUTHORIZED SHARES: 20,000

GUERRERO, REGIS: DS

VERDUGA ILITCH: DPT


(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.)

REGIS GUERRERO

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00