P05000142260

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Okyroddoziph Hollow)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



700060566867

11/01/05--01002--025 **35.00

SECRETARY OF STATE

Organica, os

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DREAMHOUSE (Name of C	MORTGAGE FUNDING INC.
DOCUMENT NUMBER: P05000142260	
The enclosed Articles of Correction and fee are s	submitted for filing
	Ů
Please return all correspondence concerning this	matter to the following:
SHAWON	MUSTAFA
(Name of	(Person)
DREAMHOUSE MORT	GAGE FUNDING INC.
(Name of Fin	
РО ВОХ	X 421377
(Add	
KISSIMMEI	F FI 34742
	nd Zip Code)
For further information concerning this matter, p	lease call:
SHAWON MUSTAFA at (407) 301-6666
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
2 \$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:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahassee, Florida 32314	Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

DREAMHOUSE MORTGAGE FUNDING INC.	
Name of Corporation as currently filed with the Florida Dept. of State	
P05000142260 Document Number (if known)	
Doublett Figures (Figures)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document b	, this corporation files eing corrected.
These Articles of Correction correct ARTICLES OF INCORPORATION (Document Type)	
filed with the Department of State on 10-18-2005 (File Date of Document)	<u>.</u>
Specify the inaccuracy, incorrect statement, or defect:	
ARTICLE VII: THE ADDRESS OF THE PRESIDENT IS: 3218 SAINT CROIX ST., I	CISSIMMEE, FL 34741
	PM4
	<u> </u>
	<u> </u>
	TAR ASS
Correct the inaccuracy, incorrect statement, or defect:	OF S
ARTICLE VII: THE ADDRESS OF THE PRESIDENT IS: 2318 SAINT CROIX ST., K	ISSIMMER E E 34765
	<u> </u>
Slavon huth	
(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.)	
SHAWON MUSTAFA	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00