

POS 000143249

(Requestor's Name)

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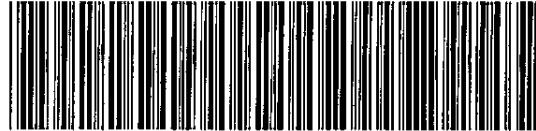
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIV, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000143249

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

Please return all correspondence concerning this matter to the following:

JOEL MASON
(Name of Contact Person)

APPROVED ASSOCIATES
(Firm/Company)

100 EAST LINTON BLVD., STE 400A
(Address)

DELRAY BEACH, FL 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL MASON at (561) 276-0500
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | |
|---|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

ARTICLES OF CORRECTION

for

HIV, INC.

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

P05000143249

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 **OCTOBER 20, 2005**

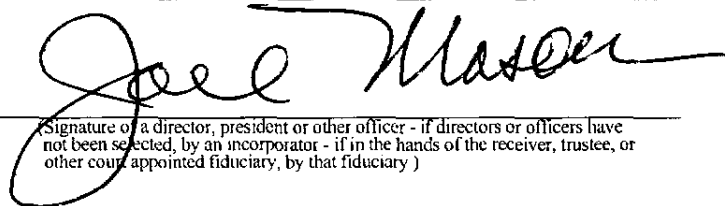
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CHANGE NAME OF CORPORATION TO HVI, INC.

Correct the inaccuracy, incorrect statement, or defect:

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(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)

JOEL MASON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00