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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CONTEX DE	EBT TNC _ me of Corporation)	
DOCUMENT NUMBER:		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
GARY, P. MS LIN TON (Name of Contact Person)		
CONTEX DEBT SOLUTIONS FUC		
11110 W. DAKLAND Park BLVD #366		
Sunrise Florida 33351 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Gary. P. McLinton	at (954) 588-1332 (Area Code & Daytime Telephone Number)	
(Name of Contact 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, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF CORRECTION

FILED

05 NOV 16 PH 12: 57

CENTEX DEBT INCORPORATED FALL SIESSEE. FLORIDS

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

Po 5000 150 784

Document Number (if known)

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 TOOR POLITION (Document Type Being Corrected)
filed with the Department of State on November 19, 2005.
Specify the inaccuracy, incorrect statement, or defect: CENTEX DEBT FICORPORATED
Correct the inaccuracy, incorrect statement, or defect: CENTEX DEBT SOLUTIONS FNC.
(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.)
GARY P. MS LINTON (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00