P05000168288

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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01/17/06 -01017--015

ant. of Correction W/NC

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Gary L. Green Andeform Insurance, Inc. (Name of Corporation) DOCUMENT NUMBER: POS 000 IL8 288		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Contact Person)		
Too Accounting & Financial Associates (Firm/Company)		
809 Walker bi-H Re # 5		
Nap les a 3 -1 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (239, 591 4334 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35.00 Filing Fee \$\times \text{Status}\$\$		
\$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF CORRECTION

DIVISION OF CORPORATIONS
2006 JAN 17 AM 8: 49

for

Gary L. Green State Farm Insurance Name of Corporation as currently filed with the Florida Dept of State	e, Inc.
Name of Corporation as currently filed with the Florida Dept of State	
Pos ooo 168 288 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statut these Articles of Correction within 30 days of the file date of the documen	es, this corporation files theing corrected.
These articles of correction correct Acticles of Incorporation Correction Correction Correction Corrections and Control of Control o	,
filed with the Department of State on 12/30/05 to be eff (File Date of Document)	ective 1106.
Specify the inaccuracy, incorrect statement, or defect:	
Article 1:	
The name of the corporation was in	correctly
the name of the corporation was in entered when electronically fil	ina
the incorporation document.	
- Carpetanto	
Correct the inaccuracy, incorrect statement, or defect: Acticle 1:	
The correct name of the corporation is	· · · · · · · · · · · · · · · · · · ·
Gary L. Green Insurance Agency,	Inc.
(Signature of a detector, provident or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee other court appointed feduciary, by that fiduciary.)	ve , or
Gary L. Green Typed or printed name of person signing)	Oirector/President (Title of person signing)

Filing Fee: \$35.00