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COVER LETTER

TO: Amendment Section Division of Corporations		
ν-	ME REPAIRS & INSPECTIONS, INC	
DOCUMENT NUMBER: PO6	000004598	
The enclosed Articles of Correction and fe		
Please return all correspondence concerning	ng this matter to the following:	
GUS C SPILIS (Name of Contact Person)	<u>>5</u>	
SPILIDS & ASSOCI	ATES, INC	
2915 SUMMER SU (Address)	MAN DR	
ORLANDO, F. 3. (City/State and Zip Code)	2825	
For further information concerning this ma	atter, please call:	
(Name of Contact Person)	at (407) 354-602-8 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
\$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

for

Name of Corporation as currently filed with the Florida Dept. of State
P0600004598 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 PROFIT ARTICLES OF INCORPORATION (Document Type Being Corrected)
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
HOME REPAIRS & INSPECTIONS INC. FOR
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SAY P
* 100 PM 20
The state of the s
Correct the inaccuracy, incorrect statement, or defect:
CLASSIC HOME REPAIRS & INSPECTIONS INC
K C Sil
(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.)
GUS C SPILIOS WORDSRATOR (Typod or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00