

PO6 0000/0002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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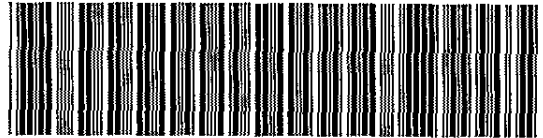
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations.

SUBJECT: Justin O'Riley Inc.
(Name 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:

Justin O'Riley
(Name of Contact Person)

Justin O'Riley Inc.
(Firm/Company)

3839 Sutters Mill cr.
(Address)

Casselberry FL 32707
(City/State and Zip Code)

For further information concerning this matter, please call:

Justin O'Riley at (407) 415-5852
(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

for

Justin O'Riley Inc.

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

P06000010002

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 Incorporation Document
(Document Type Being Corrected)

filed with the Department of State on 2/13/06
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

No Officers Listed

Correct the inaccuracy, incorrect statement, or defect:

Please list Justin O'Riley as President

Justin O'Riley

(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.)

Justin O'Riley

(Typed or printed name of person signing)

Registered Agent

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA