

P06000043645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

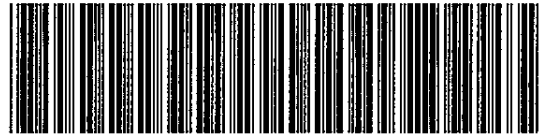
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900070186429

900070186429
04/14/06--01037--017 **35.00

FILED
06 APR 14 AM 8:36
SECURITY OF STATE
TALLAHASSEE, FLORIDA

Ant to
Correction
SL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ITALIAN WAY OF LAKE MARY INC

(Name of Corporation)

DOCUMENT NUMBER: P06000043645

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

Please return all correspondence concerning this matter to the following:

WINSTON WEILHEIMER

(Name of Contact Person)

IN HOME TAX SERVICE INC

(Firm/Company)

206 S SPRING GARDEN AVE

(Address)

DELAND FL 32720

(City/State and Zip Code)

For further information concerning this matter, please call:

WINSTON WEILHEIMER

(Name of Contact Person)

at (386) 736 8752

(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

THE ITALIAN WAY OF LAKE MARY INC

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

P06000043645

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 **ARTICLE II THE CORPORATION ADDS**
(Document Type Being Corrected)

filed with the Department of State on **03/22/2006**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE ADDRESS REPORTED WAS NOT COMPLETE

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT ADDRESS IS

3590 HIGHWAY 17-92 SUITE 1000

LAKE MARY FL 32746

FILED
06 APR 14 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



(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.)

Omar El Sayed

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00