

PO6000051048

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA STUCCO & PLASTERING, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000051048

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO KABA

(Name of Contact Person)

KABA CONSULTING, INC.

(Firm/Company)

PO BOX 2018

(Address)

MINNEOLA, FL 34755

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO KABA

(Name of Contact Person)

at (352) 243-8460

(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

CENTRAL FLORIDA STUCCO & PLASTERING, INC.

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

P06000051048

Document Number (if known)

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TALLAHASSEE FLORIDA

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 I**
(Document Type Being Corrected)


filed with the Department of State on **4/10/06**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Wrong name of the corporation: Central Florida Stucco & Plastering, Inc.

Correct the inaccuracy, incorrect statement, or defect:

Correct Name of the corporation: Super Florida Stucco, Inc.


(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.)

Alejandro Kaba

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00