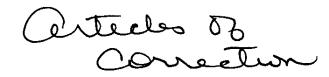
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SECRETARY OF STATE DIVISION OF CORPORATIONS

2006 AUG - 8 PM L: L-3

172 8/17/06

COVER LETTER

Amendment Section Division of Corporations

SUBJECT:	OXFORD CAPITA		MENT, INC.
DOCUMENT NUMBER:	· ·	of Corporation)	
The enclosed Articles of Co		e submitted	for filing.
Please return all corresponde	ence concerning th	nis matter to	the following:
TRA	CI CRAIG		
(Name o	f Contact Person)		-
ANDERSON BUS	INESS ADVISORS,	PLLC	,
(Firm	n/Company)		
20819 72ND AVE	NUE SOUTH, SUIT	E 110	
(A	ddress)		-
KENT, WASHI	NGTON 98032		
(City/State a	ınd Zip Code)		-
For further information cond	erning this matter	, please call:	
TRACI CRAI	G į	at (800	706-4741 ode & Daytime Telephone Number)
(Name of Contact Pe	rson)	(Area C	ode & Daytime Telephone Number)
	. ,		
Enclosed is a check for the f	following amount:		
\$35.00 Filing Fee]\$43.75 Fili	ng Fee & Certificate of Status
\$43.75 Filing Fee & Cert	ified Copy]\$52.50 Fili Cer	ng Fee, Certificate of Status & ified Copy
Mailing Address:	<u>s</u>	treet Addres	ss:
Amendment Section		mendment S	
Division of Corporations		ivision of Co	
P.O. Box 6327		lifton Buildi	
Tallahassee, FL 32314		661 Executiv allahassee F	ve Center Circle

ARTICLES OF CORRECTION

for

DIVISION OF C 2006 AUG -8	ILED EVED
2006 AUG -8	ORPORATIONS
-90-8	PH 4: 10

OXFORD CAPITAL MANAGEMENT, INC.

, Name of Corporation as c	urrently filed with the Florida Dept. of State	
D	0000000000	
	06000099228 nent Number (if known)	
Docui	nent Number (II known)	
Pursuant to the provisions of Section 607.01 hese Articles of Correction within 30 days of		=
These articles of correction correct	ARTICLES OF INCORPOR (Document Type Being Correcte	
iled with the Department of State on	JULY 28, 2006 (File Date of Document)	·
Specify the inaccuracy, incorrect statement,	or defect:	
THE ZIP CODE LISTED IN ARTICLE VII IS IN		
	•	
Correct the inaccuracy, incorrect statement, of THE CORRECT ZIP CODE IS 33183.	or defect:	
•		
	•	
(Signature of a lifector, president been selected, by an incorrection other court appointed fiducian	ent or other officer - if directors or officers have porator if in the hands of the receiver, trustee, or y, by that fiduciary.)	or
TRACI CRAIG		INCORPORATOR.
(Typed or printed name of person signing)		(Title of person signing)

Filing Fee: \$35.00