P00000 105724

(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:						
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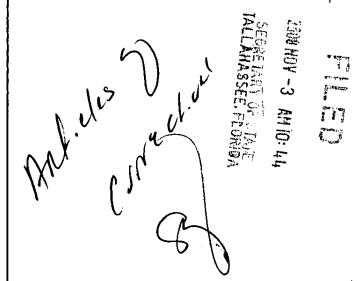
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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: address change	fame of Corporation)					
DOCUMENT NUMBER: P06000105124						
The enclosed Articles of Correction and fee are submitted for filing.						
Please return all correspondence concerning	g this matter to the following:					
Carolyn Macaluso (Name of Contact Person)						
•						
Central Florida Drilling Inc. (Firm/Company)						
265 Sw Port Saint Lucie Blvd suite 335						
Port Saint Lucie ,Florida 34984						
(City/State and Zip Code) For further information concerning this matter, please call:						
Carolyn Macaluso (Name of Contact Person)	at (772) 446-2290 (Area Code & Daytime Telephone Number)					
(Table 5) Collabor Follows	(
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	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building 2661 Executive Center Circle					
Tallahassee, FL 32314	Tallahassee, FL 32301					

ARTICLES OF CORRECTION

FILED

for

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Ca Lad	Elad da	0.4115	ic .	Second -3	AM 10: 4.1.
Central	Name of Corpo	Drilling Iv	Florida Dept. of State	TALLAHASSEE	The strains
	001	00010517	Ц	MECAHASSEE	FLORION
	<u> P060</u>	Document Number (if know	<u>- (</u>		~ ,
Pursuant to the provi these Articles of Cor	isions of Section rection within 30	607.0124 or 617.012 days of the file date	4, Florida Statute of the document	s, this corporation being corrected.	files
These articles of con	rection correct	Address Cl	range	,	
filed with the Depart	tment of State on	10-31-08 (File Date of	Document)	_·	
Specify the inaccura					
Princible A	address o	Change From	2109 Su	1 LARCHMON	TLV
A.S.L FLorid	a. 34984	to 265	SW Port	St. Lucie	rw Blud Suite335
Port Stink 2					
					
Mailing a	ddiess ch	ange and	d offic	er Addies,	5 Change
Correct the inaccura	cy, incorrect state $O_{\mathcal{C}}$	ment, or defect:	44 1/1	/l	b on added
44 TI/VEO	Principl	e Namess, 1	mailing ada	uss change.	E OFFICE Address Change
362 7m	Part ST	Lucie Blud	Suite 33	5	
FO1+ ST	Lucie, FL	34984			
	Manal	, Maga	10.00		
Я	(Signature of a direct	tor president or other officer -	if directors or officers hav	e	
	not been selected, t	by an incorporator - if in the har ed fiduciary, by that fiduciary.)	nds of the receiver, trustee,	or	
•)	M. 1.
Carolyn M	Macalyso	ning)	X	(Yitle of person kighing	1 healis
/(Typed or p	burness name or bersour ark	1.m .e)		frincorberoni Mannik	•

Filing Fee: \$35.00