

PU6000 115537

(Requestor's Name)

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(City/State/Zip/Phone #)

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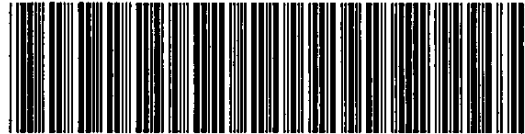
(Business Entity Name)

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TALLAHASSEE FLORIDA

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COVER LETTER



Amendment Section
Division of Corporations

SUBJECT: THE JUNK MASTERS, CORP.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN RAMOS
(Name of Contact Person)

THE JUNK MASTERS, CORP.
(Firm/Company)

13513 HAMLIN AVE
(Address)

LEWISTON FL 33440
(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN RAMOS at (786) 564-4963
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

+ CERTIFIED COPY 8.75

TOTAL \$ 43.75

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 JUNK MASTERS, CORP.

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

PO6000115537

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 Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on SEP 6, 2006

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE REGISTERED AGENT OFFICE ADDRESS IS INCORRECT.

THE PRINCIPAL PLACE OF BUSINESS ADDRESS IS INCORRECT.

THE ADDRESS OF THE INITIAL REGISTERED AGENT IS INCORRECT.

Correct the inaccuracy, incorrect statement, or defect:

THE REGISTERED AGENT OFFICE ADDRESS AND THE PRINCIPAL
PLACE OF BUSINESS ADDRESS AND THE ADDRESS OF THE INITIAL
REGISTERED AGENT SHOULD BE:

13513 HAMLIN AVE, CLEWISTON FL 33440

Jonathan Ramos

(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.)

JONATHAN RAMOS

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE FLORIDA