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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Cast in Stone Distribute	orship, Inc.	
DOCUMENT NUMBER: P06000147	ine of Corporation) 7213	
The enclosed Articles of Correction and fee		
Please return all correspondence concerning	g this matter to the following:	
Victor W. Holcomb	•	
(Name of Contact Person)  Holcomb & Mayts, P.A.		
(Firm/Company)  201 N. Armenia Ave.  (Address)		
Tampa, FL 33609 (City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Nicole Lodato	at (813258*5835	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	nt:	
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
₹3.75 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	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

## ARTICLES OF CORRECTION

for

Cast in Stone Distributorship, Inc.	he Florida Dept. of State  own)  24. Florida Statutes, this corporation (#188)
Name of Corporation as currently filed with the	he Florida Dept. of State
	"美女" 1 · ·
P06000147213	
Document Number (if known	own)
	(O.A. 1
Pursuant to the provisions of Section 607.0124 or 617.01 these Articles of Correction within 30 days of the file date	e of the document being corrected.
These articles of correction correct Articles of Organ	ization
(De	current Type Being Corrected)
filed with the Department of State on November 27, 26 (File Date of	006 of Document)
Specify the inaccuracy, incorrect statement, or defect:	
• •	ha: Cast in Stone Distributorahin Inc
Article I Name. The name of this Corporation shall	be. Cast in Stone Distributorship, inc.
The name of the Corporation was incorrect.	
	· · · · · ·
-	
Correct the inaccuracy, incorrect statement, or defect:	
The name of this Corporation shall be: Cast in	Stone Distributorship of Florida Inc.
The hame of this Corporation shall be. Cast in	Storie Distributorship of Florida, Inc.
•	
•	
(Signature of a director, president or other officer not been selected, by an incorporator - if in the hother court appointed fiduciary, by that fiduciary	ands of the receiver, trustee, or
Victor W. Holcomb	Incorporator
(Typed or printed name of person signing)	Incorporator (Title of person signing)
(1) specific printed name of person signing)	(Time of beison signing)

Filing Fee: \$35.00

(Title of person signing)