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April Corrector



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: ACADEMIC HORIZONS INC.			
DOCUMENT NUMBER: PO600	,		
The enclosed Articles of Correction and fee	······································		
Please return all correspondence concerning	this matter to the following:		
J. DAVID CAPPIN (Name of Contact Person)	<del></del>		
PAD GETT GUSINEST SER	CUICES		
1700 N. DIXIE NONT	Suite 106		
BOCA RATON FC (City/State and Zip Code)	33432		
For further information concerning this matter, please call:			
J. DAUID CARPIN (Name of Contact Person)	at (561) P61-D115 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount	nt:		
☑\$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

07 JAN -2 AM 10: 20

SECRETARY OF STATE
FLORIDA

for	DI MA S-NAL TO
ACAOEMIC HORIZONS INC  Name of Corporation as currently filed with the Florida Dept. of State	SECRETARY OF S TALLAHASSEE, FL
P06000154085  Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, the hese Articles of Correction within 30 days of the file date of the document beir	nis corporation files and corrected.
These articles of correction correct <u>ELECTRONIC ARTICLES</u> (Document Type Being Corrected)	Y INCORPORATION
iled with the Department of State on <u>DECEMBER 15 2006</u> .  (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
PARTICLE VII - THE INITIAL OFFIC	ER NAME
SPELLER INCORRECTLY - JASON SHOOLL	
· · · · · · · · · · · · · · · · · · ·	•
Correct the inaccuracy, incorrect statement, or defect:	
JASON SHOLL	
•	
111.	

Organiture 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.)

T. DAUD LAPIN.
(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00