

**P07000055067**

Florida Department of State  
Division of Corporations  
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Account Number : I20030000146  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 10 AM 11:05

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**C. G. A. BUILDER'S, CORP.**

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DIVISION OF CORPORATIONS

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C. G. A. BUILDER'S, CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P07000055067

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**LEAH HARN**

(Name of Contact Person)

**CHECK MATE**

(Firm/Company)

**4411 BEE RIDGE ROAD #257**

(Address)

**SARASOTA, FL 34233**

(City/State and Zip Code)

For further information concerning this matter, please call:

**LEAH HARN**

(Name of Contact Person)

at ( **941** ) **366-1847**

(Area Code & Daytime Telephone Number)

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**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

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07 MAY 10 AM 11:05

ARTICLES OF CORRECTION

for

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. G. A. BUILDER'S, CORP.

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

P07000055067

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 MAY 7, 2007  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**ARTICLE II - PRINCIPAL PLACE OF BUSINESS & MAILING ADDRESS**

**SHOULD INCLUDE SUITE # 470**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_


Correct the inaccuracy, incorrect statement, or defect:

**BUSINESS AND MAILING ADDRESS SHOULD BE:**

**4000 PONCE DE LEON BLVD, SUITE #470**

**CORAL GABLES, FL 33146**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(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.)

**STALEY A. WEIDMAN**

(Typed or printed name of person signing)

**INCORPORATOR**

(Title of person signing)

**Filing Fee: \$35.00**