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SECRETARY OF STATE
TALLAHASSEE FLORING

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Sign Posts, Inc.	(Name of Corporation)	
DOCUMENT NUMBER: P07000	91611	
The enclosed Articles of Correction and f	ee are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Fred Beyer (Name of Contact Person)	12	
Fred Boyer (Firm/Company)		
411 May Fair Drive (Address)		
Venice, Fl. 34293 (City/State and Zip Code)		
For further information concerning this m	natter, please call:	
Fred Beyer (Name of Contact Person)	at (941) 497-4057 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
\$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

for

Sign Posts, Inc.  Name of Corporation as currently filed with the Florida Dept of State
Name of Corporation as currently filed with the Florida Dept of State
Po70000 91611 Document Number (if known)
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 August 15, Boo7 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Incorrect Corporate name
Correct the inaccuracy, incorrect statement, or defect:
Sign Poles, Inc.
(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)
Daniel Martins  (Typed or printed name of person signing)  (Title of person signing)

Filing Fee: \$35.00