## P07000105388

| (Red                                    | questor's Name)   |             |
|---|-------------------|-------------|
| (Add                                    | dress)            |             |
| (Add                                    | dress)            |             |
| (City                                   | //State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Bus                                    | siness Entity Nar | ne)         |
| (Document Number)                       |                   |             |
| Certified Copies                        | Certificates      | s of Status |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |

Office Use Only



600110593046

10/16/07--01013--012 \*\*43.75

SECRETARY OF STATE DIVISION OF CORPORATIONS

Bioliston Autollan

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: LAB ENKERPR  | 1965, INC   |  |  |
|---|---|--|--|
| DOCUMENT NUMBER: P01000\05388   |   |  |  |
| The enclosed Articles of Correction and fee are submitted for filing.     |   |  |  |
| Please return all correspondence concerning this matter to the following: |   |  |  |
| LORI SKEPHALS OR BO<br>(Name of Contact Person)                           | and Armood  |  |  |
| LIB ENTER POLACE, 11  | IC  |  |  |
| 1020 BELLETUNER T   | <u> </u>  |  |  |
| PORT OROLGE FL 37 (City/State and Zip Code)                               | 3127  |  |  |
| For further information concerning this matter, please call:              |   |  |  |
| Banay aryling   | at (386) 761-5196 DR<br>(Area Code & Daytime Telephone Number)<br>386) 341-6297 |  |  |
| ( 5. 55   | 386) 341-6297   |  |  |
| 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  | 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                              |  |  |

SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF CORRECTION

2007 OCT 16 AM 10: 00

Title of person signing)

for

| LNB ENTERPRISES, INC.  Name of Corporation as currently filed with the Florida Dept. of State   |
|---|
| Po 1000 105398  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 Domestic V20515 Correction Correct (Document Type Being Corrected)   |
| filed with the Department of State on State on (File Date of Document).   |
| Specify the inaccuracy, incorrect statement, or defect:   |
| BARRY ATNIDOD LIGHTED AS PRESIDENT  |
|   |
| LOCI STEPHANS LIGHT AS hEGISTERED AGAIT   |
|   |
|   |
|   |
| Correct the inaccuracy, incorrect statement, or defect:   |
| LOW STERHALD UST OB PEESITEAT   |
| TOTAL STORY   |
| BARRY OTNOOD LIST AS MENSTERS DEENT   |
|   |
|   |
| (Signature of a director, president or other officer if directors or officers have not beert selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |

Eiling Foot \$25.0

Filing Fee: \$35.00