

P07000134807

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Def. Jones

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZYNDROME SURF COMPANY
(Name of Corporation)

DOCUMENT NUMBER: P07000134807

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

Please return all correspondence concerning this matter to the following:

OMAR CARMONA-SANCHEZ

(Name of Contact Person)

ZYNDROME SURF COMPANY

(Firm/Company)

1004 SEMINOLE CREEK DR.

(Address)

OVIEDO, FLORIDA 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

OMAR CARMONA-SANCHEZ

(Name of Contact Person)

at (407) 721-9923

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

ZYNDROME SURF COMPANY

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

P07000134807

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 **DECEMBER 27, 2007**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

In the articles of incorporation noting was said about the directors and their functions.

Correct the inaccuracy, incorrect statement, or defect:

This corporation shall have a minimum of one director. The number of directors of the corporation and its responsibilities and duties shall be what is stated and defined by the corporation's by-laws. One director shall be:

OMAR CARMONA-SANCHEZ

1004 SEMINOLE CREEK DR.

OVIEDO, FLORIDA 32765



(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.)

OMAR CARMONA-SANCHEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA