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T. Roberts FEB 21 2008

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:BOYINGA	dar Carer, Inc.	
DOCUMENT NUMBER:P080000	12319	
The enclosed Articles of Amendment and fee ar	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Charles	Lee	
	f Contact Person)	<u>.</u>
Charles Lee,	CPA, P.O.	
(Firm	m/ Company)	
3042 Oakclif	FRd. Ste 212 (Address)	
	(Address)	
Doraville, G	A 30340	
(City/ Sta	ate and Zip Code)	
For further information concerning this matter,	please call:	
Charles Lee (Name of Contact Person)	at (<u>NNO</u>) 451-6	7/1)
Enclosed is a check for the following amount:	(,
\$35 Filing Fee \$\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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 Circ Tallahassee, FL 32301	le

ARTICLES OF CORRECTION

FILED

for	08 FEB 21	P# 2: 59
Bay megdow Carer, Inc. Name of Corporation as currently filed with the Florida Dept. of State	TALI AHASSE	OF STATE E. FLORIDA
Po8000 12319 Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statute these Articles of Correction within 30 days of the file date of the document. These articles of correction correct Articles of Tricopporation (Document Type Being Correction with the Department of State on 2-4-08 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect:	1+101) ted)	_,
Article V - the name of the registers Article VI - the name of the incorporal Article VII - the name of the initial	tor (M	arvin Himbal)
Correct the inaccuracy, incorrect statement, or defect: In Article V, VI, and VII, the name to Marvin Hindal	e has to	<u>change</u>
(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 other court appointed fiduciary, by that fiduciary.)	/e , or	
Charles Lew (Typed or printed name of person signing)	CPA (Title of person sign	ing)

Filing Fee: \$35.00