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SECRETARY OF STATE DIVISION OF CORPORATIONS

At Correction

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Subset 1 Page KRUPA 22	>, hac
DOCUMENT NUMBER: POSOOO 15379	
The enclosed Articles of Correction and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	
Successi Basa Kaupa 23,10c (Firm/Company)	
303 SW STH STREET, SWITE	1
Ocara, Florida 34471 (City/State and Zip Code)	
For further information concerning this matter, please call: Total	il 22 Cau
Enclosed is a check for the following amount:	
\$35.00 Filing Fee \$\sum \$\\$43.75 Filing Fee & Certificate	
\$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	`Status &
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF CORRECTION

for

Successive Page Kaupa 23, INC Name of Corporation as currently filed with the Florida Dept. of State
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 Cor
filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: Place Change Carte Date
FOR EFECTIVE DATE WAS 2-29-2008
A PRESENTATION DATE.
Correct the inaccuracy, incorrect statement, or defect:
To PLEASE CHANGE STORIE ADDRESS
SSI EAST STATE ROAD +34 WINTERS EPRINCS FRANCE 32 708.
(Stills becomes #)
(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.)
(Typed or printed name of person signing) (Typed or printed name of person signing) (Title of person signing)
Filing Fee: \$35.00