

P08600016961

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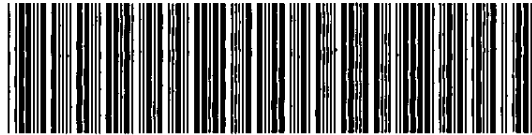
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RCC PLUMBING, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P08000016961

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

Please return all correspondence concerning this matter to the following:

IRVIN R. SHUPACK, ESQ

(Name of Contact Person)

IRVIN R. SHUPACK, P.A.

(Firm/Company)

7471 W OAKLAND PARK BLVD

(Address)

LAUDERHILL, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

IRVIN R. SHUPACK, ESQ

(Name of Contact Person)

at ( 954. ) 749-7222

(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

RCC PLUMBING, INC.

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

P08000016961

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation  
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 February 14, 2008  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

SOVANDA CLEMENS, P

CASSANDRA CORDERO, VP

LONNIE RAKESTRAW, T,S

Correct the inaccuracy, incorrect statement, or defect:

LONNIE RAKESTRAW, P

SOVANDA CLEVENS, VP

CASSANDRA CORDERO, T,S

*Sovanda Clevens*

(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.)

Sovanda Clevens

(Typed or printed name of person signing)

V.P.

(Title of person signing)

**Filing Fee: \$35.00**

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TALLAHASSEE, FLORIDA