P08000025338

| (Re | equestor's Name) | · · |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | · |
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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: River Phoenix Apog | ee 1803 Corp. | | |
|---|--|--|--|
| (Name of Corporation) DOCUMENT NUMBER: P08000025338 | | | |
| | | | |
| The enclosed Articles of Correction and fee are submitted for filing. | | | |
| Please return all correspondence concerning | g this matter to the following: | | |
| Richard M. Zelman, Esq. | | | |
| Sacher, Zelman etal. | , | | |
| (Firm/Company) | | | |
| 1401 Brickell Avenue; Suite 700 | | | |
| Miami, Florida 33131 (City/State and Zip Code) | | | |
| For further information concerning this mat | ter, please call: | | |
| Marilyn Garcia-Varona (Name of Contact Person) | at (305) 371-8797x285 (Area Code & Daytime Telephone Number) | | |
| 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 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

River Phoenix Apogee 1803 Corp.

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

P08000025338

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 the names of the officers and directors

(Document Type Being Corrected)

filed with the Department of State on 03/10/08

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Title: DP NAME: Beck, Norma ADDRESS: P.O. Box 1136, Vaduz, LI FL-9490 LI

Title: DS NAME: HEFTI, SIBYLLE ADDRESS: P.O. BOX 1136, VADUZ, LI FL-9490 LI

TITLE: D NAME: GRAUS, NICOLE ADDRESS: P.O. BOX 1136, VADUZ, LI FL-9490 LI

TITLE: D NAME: BREITENFELDER, ELKE ADDRESS: P.O. BOX 1136, VADUZ, LI FL-9490 LI

TITLE: D NAME: BITSCHNAU, MICHAELA ADDRESS: P.O. BOX 1136, VADUZ, LI FL-9490 LI

DELETE ALL THE DIRECTORS/OFFICERS AS STATED

Correct the inaccuracy, incorrect statement, or defect:

TITLE: DIRECTOR AND PRESIDENT

NAME: MIKHAIL SMOLNIKOV

ADDRESS: PALIHA STR. 7/9, BUILDING 3, APT 4, MOSCOW, RUSSIA

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.

RICHARD M. ZELMAN

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

Filing Fee: \$35.00