

MAY 20 2008 12:40 PM

C S C

NO. 002

P. 1/2

P08000049054

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000133519 3)))



H080001335193ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

Header X2908

COR AMND/RESTATE/CORRECT OR O/D RESTATE

WHITFIELD ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

MAY 20 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
08 MAY 20 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Det of Rec  
5/25/08

**ARTICLES OF CORRECTION**

for

**WHITFIELD ENTERPRISES, INC.**

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

**P08000049054**

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 **5/15/2008**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The mailing address was listed incorrectly

Correct the inaccuracy, incorrect statement, or defect:

The mailing address shall be listed as :

4532 SHADOWLEAF DRIVE

SARASOTA FL 34233

/s/ John D. Mcmearty

(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.)

**JOHN D. MCMEARTY**

(Typed or printed name of person signing)

**DIRECTOR**

(Title of person signing)

Filing Fee: \$35.00

FILED  
08 MAY 20 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA