

P08000055616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

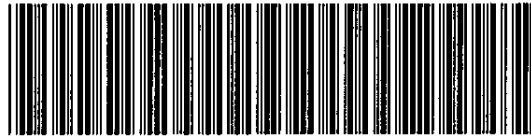
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/17/08--01012--008 **35.00

FILED

08 JUN 17 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2008 JUN 17 AM 11:05

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Art. of Con N.C.

G. Goulette JUN 17 2008

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

385-6735

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BARRETT AND ASSOCIATES Insurance Agency, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input checked="" type="checkbox"/>	Amendment / <u>correction</u>
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF CORRECTION

for

BARRETT AND ASSOCIATES INSURENCE AGENCY, INC.

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

P08000055616

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 CORPORATION

(Document Type Being Corrected)

filed with the Department of State on 6/5/08

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE I THE NAME OF THE CORPORATION

BARRETT AND ASSOCIATES INSURENCE AGENCY, INC.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME SHALL BE

BARRETT AND ASSOCIATES INSURANCE AGENCY, INC.

FILED
08 JUN 17 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Teresa Roman

(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)

TERESA ROMAN

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

Filing Fee: \$35.00