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COVER LETTER

Amendment Section

Division of Corporations	
SUBJECT: Landwise Re	alty Company of North Florice 000078394
DOCUMENT NUMBER: POS	000078394
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
ALVIN LEONARDICKS (Name of Contact Person)	·
Landwise Rootty Company of	North Florida
PO Box 1947 (Address)	
Lake City Fl 3205	6
For further information concerning this ma	tter, please call:
Leonard Dicks (Name of Contact Person)	at (386) 365-2770 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
INIINDACCEE EL 4/41/L	Ant Hypoutiva Contar Circle

Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

Landwise Leasty Company of North Florida Name of Corporation as currently filed with the Florida Dept. of State
Name of Corporation as currently filed with the Florida Dept. of State
P 08 0000 783 9 4 Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation tiles these Articles of Correction within 30 days of the file date of the document being corrected.
These articles of correction correct Original Articles (Document Type Being Corrected)
filed with the Department of State on $\frac{8-2-08}{\text{(File Date of Document)}}$.
Specify the inaccuracy, incorrect statement, or defect:
Name of Director - Janis M. Dicks
Name of Director - Janis M. Dicks (Misspelled Name)
Correct the inaccuracy, incorrect statement, or defect:
Janice M. Dicks
UANICE /III DICKS
Abo
(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.)
ALVIN Leonard Dicks Officer D (Typed or printed name of person signing) (Title of person/signing)

Filing Fee: \$35.00