P0800086397

| (Re | equestor's Name) | | |
|---|---------------------------------------|--------------|--|
| (Ac | ldress) | | |
| (Ac | ldress) | | |
| (Ci | ty/State/Zip/Phon | ne #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | usiness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | es of Status | |
| Special Instructions to Filing Officer: | | | |
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SECRIETARY OF STATE
ALLAHASSEE. FLORIDA

OF STATE

ALLAHASSEE. FLORIDA

COVER LETTER

7.75

TO: Amendment Section Division of Corporations

| SUBJECT: ABOVE PAR STRIPPIN | NG & SEALING INC | |
|---|--|--|
| DOCUMENT NUMBER: P08000086 | me of Corporation) 3397 | |
| The enclosed Articles of Correction and fee | are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| MATT ROBERTS | | |
| (Name of Contact Person) | | |
| (Firm/Company) | | |
| 3733 MAIN ST | | |
| (Address) | | |
| MIDDLEBURG FL 32068 (City/State and Zip Code) | | |
| For further information concerning this mat | ter, please call: | |
| GARY PLACE | at (904) 733-3513 | |
| (Name of Contact Person) | (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



ABOVE PAR STRIPPING & SEALING INC

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

| P08000086397 | |
|---|---|
| Document Number (if known) | |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Floric these Articles of Correction within 30 days of the file date of the detection correct ARTICLES OF INCORP | ORATION |
| filed with the Department of State on 9/19/08 (File Date of Document) | · |
| Specify the inaccuracy, incorrect statement, or defect: NAME CHANGE ARTICLE I TO ABOVE PAR ST | RIPING & SEALING INC |
| | |
| | |
| Correct the inaccuracy, incorrect statement, or defect: | |
| | |
| | |
| | |
| (Signature of a director, president or other officer - if directors of not been selected, by an incorporator - if in the hands of the recother court appointed fiduciary, by that fiduciary.) | or officers have ceiver, trustee, or |
| MATT ROBERTS (Typed or printed name of person signing) | PRES (Title of person signing) |
| /-/ b or b or b | (|

Filing Fee: \$35.00