## P08000103875

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(Business Entity Name)
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Correction W/NC

TP 12 12 X

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: BONIFAY POND SHOP	P, INC			
DOCUMENT NUMBER: P08000103	ime of Corporation) 3875			
The enclosed Articles of Correction and fee	are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
ULLI STEINER-MASSEY				
(Name of Contact Person)				
TAX PROFESSIONALS INC.				
(Firm/Company)				
1105 W MAPLE AVE				
. (Address)				
GENEVA, AL. 36340 (City/State and Zip Code)				
For further information concerning this mat	ter, please call:			
ULLI STEINER-MASSEY	at ( 334 ) 684-6398  (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	nt <sup>,</sup>			
<del>-</del>				
<b>▼</b> \$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:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

## ARTICLES OF CORRECTION

## BONIFAY POND SHOP, INC

				ROUNDEC & AM 8.  CRETARY OF STATE ORION
•				2000 11/
	ARTICLES O	F CORRECTION	)N S.C.	WOEC . C
		for	ALL	CAEZA 8 44
BONIFAY POND S	•			MASSERUFE
	Name of Corporation as curren	tly filed with the Florida Dept.	of State	PLORIE
	P08000103875			104
·	Document	Number (if known)		
Pursuant to the provisions these Articles of Correctio	of Section 607.0124	or 617.0124, Florida	Statutes, this cor	poration files
These articles of correction				<del></del>
·		(Document Type Be	eing Corrected)	,
filed with the Department	of State on NOVEM	(File Date of Document)	·	
Specify the inaccuracy, inc	correct statement, or	defect:		
NAME OF CORPO	RATION IS MIS	SSPELLED		
				<u></u>
				-
•				
Correct the inaccuracy, inc	correct statement, or o	defect:		
NAME OF CORPOR	•		Y PAWN SH	OP, INC
			<del></del>	
				***
				<del></del>
	ulli S	tenir-Ma	c 22.	
no	gnature of a director, president of been selected, by an incorpora	tor - if in the hands of the recei	officers have ver, trustee, or	
ot	ther court appointed fiduciary, by	y that fiduciary.)		

**ULLI STEINER-MASSEY** 

**INCORPORATOR** 

(Typed or printed name of person signing)

(Title of person signing)

**Filing Fee: \$35.00**