

PD90000020005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

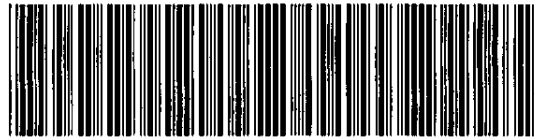
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09 MAR 13 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Correction  
Tlew  
3-16-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Retired Painter, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000020005

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William A Jones  
(Name of Contact Person)

The Retired Painter  
(Firm/Company)

1242 SW Bent Pine Cove  
(Address)

PORT ST LUCIE FL 34986  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Jones at (772) 340 2668  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

The Retired Painter, Inc.

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

PD9000020005

Document Number (if known)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 3/3/09

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

- ① Articles II, V, VII Change Zip code  
from 34896 TO 34986
- ② Article VI: Registered agent  
remove BIA Registered Agent Inc.  
and replace with

Correct the inaccuracy, incorrect statement, or defect:

William A Jones  
1242 SW Bent Pine Cove  
Port St. Lucie, FL 34986

William A Jones

(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.)

William A Jones

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00