

PO9000045648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

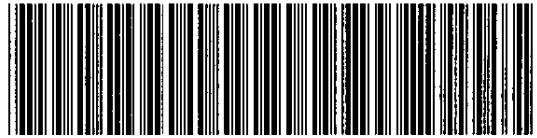
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PC  
6/17/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Action Hurricane Protection Inc  
Name of Corporation

DOCUMENT NUMBER: PO9000045648

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

Please return all correspondence concerning this matter to the following:

Owen Sharpe  
Name of Contact Person

Action Hurricane Protection Inc  
Firm/Company

2721 SW 64 Terrace  
Address

Miramar FL 33023  
City/State and Zip Code

ActionhurricaneProtection@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Owen Sharpe at ( 954 ) 445 4325  
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

Action Hurricane Protection Inc  
Name of Corporation as currently filed with the Florida Dept. of State

PO9000045648  
Document Number (if known)

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TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation has  
these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct \_\_\_\_\_  
(Document Type Being Corrected)

filed with the Department of State on 05-26-09  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

President of company is Owen Sharpe.

Correct the inaccuracy, incorrect statement, or defect:

President - Owen Sharpe

Owen Sharpe  
(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.)

Owen Sharpe  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35.00