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(Requestor's Name) (Address)	400
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special instructions to Filing Officer:	-100 08/1
Corrected document by Juphan can the 8/20/09	

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At of Con

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

TROBETS AUG. 2,0,2009)

COVER LETTER

TO: Amendment Section

Division of Corporations		
subject: Florida Ship	Chandlers Inc	
DOCUMENT NUMBER: PQQQQQ 64454		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Susie Cabb Name of Contact Person		
Florida Ship Chandlers Inc		
1865 Wells Road # 318		
Orange Park FL 32073 City/State and Zip Code		
Contact @ Florida Ship Chandlers. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Susie Cabb Name of Contact Person	at (904) 537 - 4047 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\Begin{align*} \\$35.00 \] \Filing Fee \\ \\$43.75 \] Filing Fee \& Certificate of Status		
	\$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

PILED SECRETARY OF STATE DIVISION OF CORPORATIONS

for

09 AUG 19 AM 10: 38

Florida Ship Chandles Lac. Namelof Corporation as currently filed with the Florida Dept. of State
Pagabbbby 4454 Document Number (if known)
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 $\frac{7 - 29 - 2009}{\text{(File Date of Document)}}$.
Specify the inaccuracy, incorrect statement, or defect:
Pris - (Susie Cabb) NOT Listed
Pres - (Susie Cabb) NOT Listed ADDress 1865 Wells Road #318 Orange Page, FL 32073
Registered Agent - Susie Cabb ADDRESS 1865 Wells Road #318 Drawse Park FL 32073
ADDRESS 1865 Wells Road #318 Drawge Park FL 32073
Correct the inaccuracy, incorrect statement, or defect: _Pres Susie Cabb
Adress - 1865 Wells Road #318 Orange Park FL 3207
Resistered Agent - Susie Cabb
Resistered Agent - Susie Cabb Address 1865 Wells Road #318 Drange Park FL32073
(Signature of a director, president of 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.)
Sus!e Cabb (Typed or printed name of person signing) Owner / Res (Title of person signing)

Filing Fee: \$35.00