

P09000075467

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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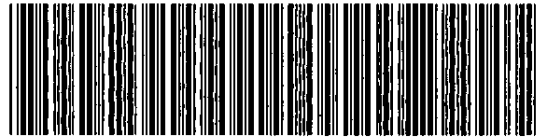
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Art. of Connect.
C.COULLIETTE

OCT 07 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WINTER SPRINGS DISTRIBUTORS, INC.
Name of Corporation

DOCUMENT NUMBER: P09000075467

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

Please return all correspondence concerning this matter to the following:

DEVAL SHAH

Name of Contact Person

SHAH & PANDYA CPA PC

Firm/Company

305 NORTHERN BLVD. SUITE # 302

Address

GREAT NECK, NY 11021

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVAL SHAH

Name of Contact Person

at (516) 829-0733

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

WINTER SPRINGS DISTRIBUTORS, INC.

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

P09000075467

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 **SEPTEMBER 09, 2009**,
(File Date of Document)

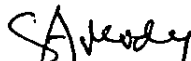
Specify the inaccuracy, incorrect statement, or defect:

**BY MISTAKE LAST NAME OF REGISTERED AGENT IS WRONGLY MENTIONED AS
PATEL INSTEAD OF SHETH.**

Correct the inaccuracy, incorrect statement, or defect:

NAME OF REGISTERED AGENT- AMISHA SHETH

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TALLAHASSEE, FLORIDA



(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.)

SACHIN A. MODY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00