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Correction w/NC

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ALL HOURS No.	NTUMOTIN SALPS + SCIUICE INC. me of Corporation 10 92179
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Tim A. SHANE Name of Contact Person	
Tim A. SHAME PA	
621 NW 53 St. #	
BOCK RATIN FL City/State and Zip Code	33487
SHANETING AJL. CON E-mail address: (to be used for future annual repo	
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Name of Contact Person	at (56/) 305-60/5 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$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

2009 NOV 23 PM 2: 10
PALLAHASSEE, FLORIDA

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

Pog 0000 9 3 / 79

Document Number (if known)

Pursuant to t these Article	he provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files sof Correction within 30 days of the file date of the document being corrected.
These article	s of correction correct PRTICLII of Correction
filed with the	e Department of State on
Specify the i	naccuracy, incorrect statement, or defect: (CHANIC NAIL)
ALL	HOWES AUTOMOTING SALPS + SPRUICE Inc.
Correct the in	NOURS AUTOMOTIUM SPRVICE Mc.
	(Signature of a director, president or 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.)
	Tin A. SHAne (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00