

P09000096393

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(City/State/Zip/Phone #)

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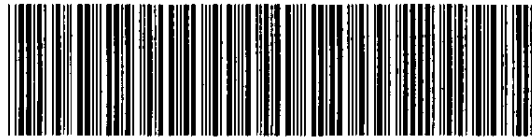
(Business Entity Name)

(Document Number)

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2009 DEC 14 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Correction

TB

DEC 17 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Harbour Adjusters Associates, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P09000096393

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

Please return all correspondence concerning this matter to the following:

Nancy Jomolca

Name of Contact Person

Harbour Adjusters Associates, Inc.

Firm/Company

PO BOX 970314

Address

Miami, FL 33197

City/State and Zip Code

HarbourAdjustersAssociates@hotmail.com

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

For further information concerning this matter, please call:

Nancy Jomolca

Name of Contact Person

at ( 305 ) 992-8650

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

**Harbour Adjusters Associates, Inc.**

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

**P09000096393**

Document Number (if known)

**FILED**  
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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 (IV, V, and VI)  
(Document Type Being Corrected)

filed with the Department of State on 11/25/2009  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Registered Agent Name: Nancy Jonolca

Office/Director Name: Nancy Jonolca

Business starting date: 11/25/2009 - Effective Date

Correct the inaccuracy, incorrect statement, or defect:

Registered Agent Name: Nancy Jomolca

Office/Director Name: Nancy Jomolca

Business starting date: 01/01/2010 - Effective Date

Nancy Jomolca

(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.)

Nancy Jomolca

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35.00**