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| Certified Copies | _ Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: GALAXY AME | in or corporation | | |
| DOCUMENT NUMBER: PO 900 | 0/0/675 | | |
| The enclosed Articles of Correction and fee | are submitted for filing. | | |
| Please return all correspondence concerning | this matter to the following: | | |
| fobin Whincip Name of Contact Person | | | |
| GALALY AMERICA IN | <u>c</u> | | |
| 7431 SAWYEL CIECLE | | | |
| Post Charlotte FL 3. | 3 <i>9</i> 81 | | |
| Sales @ the rodes bulk company E-mail address: (to be used for future annual repo | ·Com ort notification) | | |
| For further information concerning this matter, please call: | | | |
| Robin Whincup Name of Contact Person | at (941) 697-03>4 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 F// FA |
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| for 10 JAN 14 |
| ARTICLES OF CORRECTION for 10 JAN 14 AM 9: 15 GALAXY AMERICA TNC TALLAHARY OF STATE Name of Corporation as currently filed with the Florida Dept. of State P 0 9 0 0 0 10 18 75 Decument Number (if known) |
| 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 Incorpor Atom (Document Type Being Corrected) |
| filed with the Department of State on 12/21/0-9 eff. 1-1-10 (File Date of Document) |
| Specify the inaccuracy, incorrect statement, or defect: |
| ADD DIRECTOR - MYRON POST |
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| Correct the inaccuracy, incorrect statement, or defect: |
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| (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.) |
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| POBIN WHIN CUP (Typed or printed name of person signing) (Title of person signing) (Title of person signing) |
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Filing Fee: \$35.00