P1000013592

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COVER LETTER

TO:

Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: VIALE TRANSLATIONS AND INTERPRETATION SERVICES INC Name of Corporation DOCUMENT NUMBER: P10000013592 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROSA GARRIDO** Name of Contact Person VIALE TRANSLATIONS AND INTERPRETATION SERVICES INC Firm/Company 5580 PACIFIC BLVD # 504 BOCA RATON, FL 33433 City/State and Zip Code vialesales@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAIME RESTREPO Name of Contact Person 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: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

VIALE TRANSLATIONS AND INTERPRETATION SERVICES INC Name of Corporation as currently filed with the Florida Dept. of State

| P1000013592 Document Number (if known) | |
|--|--|
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes these Articles of Correction within 30 days of the file date of the document by | , this corporation files eing corrected. |
| These articles of correction correct ARTICLES OF INCORPORATION (Document Type Being Corrected) | i) , |
| filed with the Department of State on FEB 15 2010 (File Date of Document) | |
| Specify the inaccuracy, incorrect statement, or defect: | |
| (1) NAME OF INITIAL OFFICER/DIRECTOR (P) - ROSA VIALE | |
| | |
| (2) REGISTERED AGENT ROSA VIALE | |
| | _ |
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| | 三 |
| Correct the inaccuracy, incorrect statement, or defect: | 9: 3g |
| (1) NAME OF INITIAL OFFICER/DIRECTOR (P) - ROSA GARRIDO |) ~~ |
| | |
| (2) REGISTERED AGENT - ROSA GARRIDO | |
| | |
| | |
| | |
| (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.) | |
| ROSA GARRIDO | PRESIDENT |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00

(Title of person signing)