

PI 00000018823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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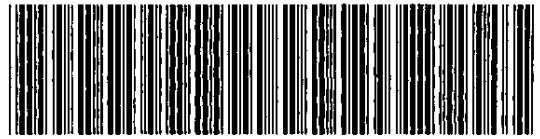
(Business Entity Name)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Art Correia  
@ 3/11/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D & Y SUNSHINE STATE SERVICES CORP

Name of Corporation

**DOCUMENT NUMBER:** P10000018823

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

Please return all correspondence concerning this matter to the following:

MIKE MENDEZ

Name of Contact Person

Firm/Company

PO BOX 4036

Address

DELAND, FL 32721-4036

City/State and Zip Code

MENZSRVC@GMAIL.COM

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

For further information concerning this matter, please call:

Mike Mendez

Name of Contact Person

at ( 386 ) 216-3220

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

**D & Y SUNSHINE STATE SERVICES CORP**

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

**P10000018823**

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 **ARTICLE II**

(Document Type Being Corrected)

filed with the Department of State on **MARCH 02, 2010**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**INCORRECT PRICIPAL PLACE OF BUSINESS ADDRESS AND MAILING ADDRESS**

**661 TAYLOR RD WEST**

**DELAND, FL 32720**

Correct the inaccuracy, incorrect statement, or defect:

**CORRECT PRICIPAL PLACE OF BUSINESS ADDRESS**

**2961 ESTILL STREET**

**DELTONA, FL 32728**

**CORRECT MAILING ADDRESS**

**PO BOX 390396**

**DELTONA, FL 32739-0396**



(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.)

**DADAY LEMUS**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**

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