P10000029848

(Requestor's Name)

(Address)

(Address)
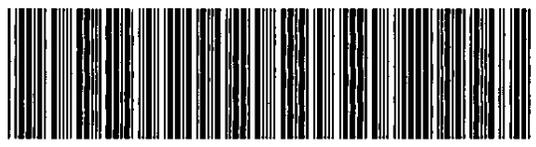
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

FILED
May 06, 2010 08:00 AM
Secretary of State

Filing Cancelled
Returned Check

Art Correction
Name ch 5
@ 5/6/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAST COAST MOES, INC.
Name of Corporation

DOCUMENT NUMBER: P10000029848

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

Please return all correspondence concerning this matter to the following:

KEITH W KOEHLER CPA
Name of Contact Person

KOEHLER & COMPANY PA
Firm/Company

401 N HOWARD AVENUE
Address

TAMPA, FL 33606
City/State and Zip Code

KOEHLER@CPA-TAMPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH W KOEHLER   at (__813__) 250-1200
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:
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

FILED
May 06, 2010 08:00 AM
Secretary of State

EAST COST MOES, INC.
Name of Corporation as currently filed with the Florida Dept. of State

P10000029848
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 INCORPORATION,
(Document Type Being Corrected)

filed with the Department of State on 04/06/2010.
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INCORRECT ADDRESS (ZIP CODE SPECIFICALLY) FOR THE PRINCIPAL PLACE

OF BUSINESS AND THE MAILING ADDRESS. OFFICER #2 WAS LISTED IN ERROR.

OFFICER #2 DANIEL FINLAYSON NEEDS TO BE REMOVED.

NAME IS INCORRECT- CORRECT NAME SHOULD
BE WEST COAST MOJO, INC.

Correct the inaccuracy, incorrect statement, or defect:

THE PROPER ADDRESS OF THE BUSINESS AND THE MAILING ADDRESS IS AS

FOLLOWS:

2807 BAYPOINTE CIRCLE

TAMPA, FL 33611

CORRECT NAME - SHOULD BE WEST COAST MOJO, INC.

REMOVE DANIEL FINLAYSON AS AN OFFICER OF THE CORPORATION.

(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.)

DALE ALEXANDER
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

Filing Fee: $35.00