P10000041131

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Apt Correction Manuch 8 (a) 5/20/10

COVER LETTER

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Amendment Section Division of Corporations

TO:

SUBJECT: OCEN ONE INC.		
Na Na	me of Corporation	
DOCUMENT NUMBER: P100000417	/31	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
MARGITA HABLAK	·	
Name of Contact Person		
Firm/Company		
17129 NEWPORT CLUB DR.		
BOCA RATON, FL 33496 City/State and Zip Code		
mhablak@comcast.net E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this mat	ter, please call:	
Margita Hablak Name of Contact Person	_ at (
Enclosed is a check for the following amou	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

for

OCEN ONE INC.	
Name of Corporation as currently filed with the Florida Dept. of State	
P1000041731 Document Number (if known)	
Document National (It Kilovity	
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 NAME CHANGE	·
(Document Type Being Corrected)
filed with the Department of State on 05/14/2010 (File Date of Document)	·
Specify the inaccuracy, incorrect statement, or defect:	
NAME CHANGE FROM OCEN ONE INC. TO OCEAN ONE INC.	
·	6 BY 20
·	2
	8
	3
Correct the inaccuracy, incorrect statement, or defect:	1
NEW NAME IS OCEAN ONE INC.	
	
11.9 ()	
(Signature of a director, president of other bitter Lift directors or efficers have not been selected, by an incorporator if it the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
MIKE ELAYYAN	DIRECTOR
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00