

P10000048629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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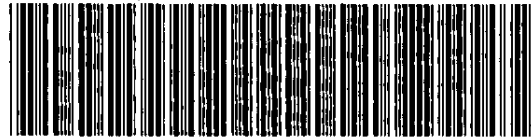
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN 22 AM 8:56

Art correction
@ 6/23/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST BOONE CABINS, INC

Name of Corporation

DOCUMENT NUMBER: P10000048629

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

Please return all correspondence concerning this matter to the following:

R. CRAIG WALSER

Name of Contact Person

Firm/Company

15310 AMBERLY DRIVE, SUITE 250

Address

TAMPA, FL 33647

City/State and Zip Code

info@bestboonecabins.com

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

For further information concerning this matter, please call:

Ron Walser

Name of Contact Person

at (866) 398-9030

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

BEST BOONE CABINS, INC

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

P10000048629

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 JUNE 8, 2010
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

incorrect name listed as Craig R. Walser

*note that the social sec # is correct and that the correct full name is Ronald Craig Walser

Correct the inaccuracy, incorrect statement, or defect:

change name of Craig R. Walser to Ronald Craig Walser

in all places including as the Registered Agent, the Director, and the President

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TALLAHASSEE, FLORIDA
10 JUN 22 AM 8:56



(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.)

RONALD CRAIG WALSER

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35.00