P10000054804

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: METRO FEDERAL INVESTIGNAME OF COrporation	ATTONS & SECURITY Services GRP
DOCUMENT NUMBER: <u>P10005480</u>	<u> </u>
The enclosed Articles of Correction and fee are submitted	for filing.
Please return all correspondence concerning this matter to	the following:
CLAUDIA ROJAS Name of Contact Person	
CNP RAINBOW FEVER, INC.	
27571 S. DIXIE HWY	_
HOMESTEAD FZ 33032	<u>. </u>
CNPRAINBOW FEVER @ QOL C	<u>o</u> m
For further information concerning this matter, please cal	: ·
CLANDID BOYAS at (305) Name of Contact Person	ode & Daytime Telephone Number
Enclosed is a check for the following amount:	Line Dee B. Contiffeet of Status
	ling Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy \$52.50 Fi	ling Fee, Certificate of Status & rtified Copy
Mailing Address:Street Address:Amendment SectionAmendmentDivision of CorporationsDivision of Clifton BuildP.O. Box 6327Clifton BuildTallahassee, FL 323142661 ExecutTallahassee,Tallahassee,	Section Corporations ling ive Center Circle

ARTICLES OF CORRECTION

for

METRO FEDERAL INVESTIGATIONS & SECURITY Services
Name of Corporation as currently filed with the Florida Dept. of State
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 TNCORPORATOR NAME KNS ADDRESS -
filed with the Department of State on 06/28/2010 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect: ARTICLE VIII
ADDRESS OF INCORPORDTOR WAS TYPED INCORRECTLY
.as sucH: 65 SW 10 ST
Correct the inaccuracy, incorrect statement, or defect:
ADDRESS OF INCORPORATOR SHOULD BE AS
FD LLOWS'S
605 SW 10 57
♥-₹- ⁻
(Signature of a threetor, president of 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.)
Typed or printed name of person signing) The cidente (Typed or printed name of person signing)

Filing Fee: \$35.00