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Art & Correction
10-28-10
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ANEX COSP	
SUBJECT: THOEX COLY	ne of Corporation
DOCUMENT NUMBER: P 100000	
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Neli Ni Kolovia Name of Contact Person	
ANEX CORP	
1010 Chase DR	
Winter Garden F	FL 34787
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this mat	ter, please call:
Name of Contact Person	at (40+) 6(0+9465 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	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 25
11 1 \ \P\ \ = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Corporation as currently filed with the Florida Dept. of State P1000082933
P10000032933
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 <u>Articles of Incorporation</u>
(Document Type Being Corrected)
filed with the Department of State on (File Date of Document).
Specify the inaccuracy, incorrect statement, or defect:
Incorporator Name and Address: Neli NikolouA
1010 Chax Dr
Dinter Ctarlen F1_ 34787
Ofice Director name & address P. Weli Willow
110 D Local Control
SALL dadyes: Vr. Hrayly Grutalu
Correct the inaccuracy, incorrect statement, or defect:
Incorporator mame and address vAndrey (IRUZDEN
1710 Chase Dr 107 MER Gravden FL 34787.
Officer Director mame + address P. Ander Gruzder
The process of account of account of a control of a contr
SALLE address: VP. Nelli Nikolova
JEHHAN STATE OF THE PARTY OF TH
(Signature of a diffector, 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.)
Neli Nivolova VP.
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00