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COVER LETTER

Division of Corporations	
SUBJECT: FLORIRA IN DOCUMENT NUMBER: P10000	COME TAX INC Cornection 095937
The enclosed Articles of Correction and fe	-
Please return all correspondence concernin	g this matter to the following:
Name of Contact Person	<u> </u>
FLORIDA INCOME	TAX, INC
FLORIDA INCOME Firm/Company 14845 Triangle Bay Address	DR 3106
Nacles, Fl 34/19 City/State and Zip Code	
Job_Almonon @ alum. E-mail address: (to be used for future annual rej	Shu-ecly port notification)
For further information concerning this ma	itter, please call:
JOB ALMONOR Name of Contact Person	at (239) 692-47/6 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	ınt:
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☐ \$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

Tallahassee, FL 32314

ARTICLES OF CORRECTION

FLORIRA INCOME TAX, INC Name of Corporation as currently filed with the Florida Dept. of State 1100000 95 937 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 filed with the Department of State on __ Specify the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect: (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.)

Filing Fee: \$35.00