## P10000098233

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correction

DEC :1 4 2010

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## **COVER LETTER**

Division of Corporations	·
SUBJECT: Family  DOCUMENT NUMBER: P	Dining Services, Inc  hoovo 98233
The enclosed Articles of Correction and fee	
Please return all correspondence concerning	· ·
Name of Contact Person  Family Dining  Firm/Company  155 88 5W  Address  MIAMI R  City/State and Zip Code  Ctaconsu H  E-mail address: (to be used for future annual rep	Services, Inc. 72 ST
For further information concerning this ma	tter, please call:
OSVAIDAR VILA Name of Contact Person	at (786) 287-7177  Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int:
	\$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

A DETICUES OF CODDECTION	
	<b>*</b>
ARTICLES OF CORRECTION 2 / //	^
for $Q_{IQ}$	CE
15 SEP. 10	
ARTICLES OF CORRECTION  for  Family Dining Series Inc. ALEGREPH ART SECURITY Filed with the Florida Dept. of State  Name of Corporation as currently filed with the Florida Dept. of State	10:4
P100000 98233  Document Number (if known)	PATE PRIOR
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation f these Articles of Correction within 30 days of the file date of the document being corrected.	iles
These articles of correction correct Articles, (Document Type Being Corrected)	
filed with the Department of State on	
Specify the inaccuracy, incorrect statement, or defect:	
Officer Designation is wrong,	
Remove Director designation.	
Correct the inaccuracy, incorrect statement, or defect:	
VILA, OSVALDOR = SECRETARY	
GUMEZ, JOSET = PRESIDENT	
Mu	
(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.)	
OSVALDO R. VILA SEGIETAN	4_
(Typed or printed name of person signing) (Title of person signing)	J

Filing Fee: \$35.00