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Amendment Section

Division of Corporations

TO:

SUBJECT: DARBUR INDIAN CUISINE, INC. DOCUMENT NUMBER: P10000102832 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Raji Philip Name of Contact Person Darbar Indian Cuisine, Inc. 7232 W Sand Lake Road, Suite 101 Orlando, FL 32819 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raji Philip 346-0036

Area Code & Daytime Telephone Number Name of Contact Person 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:** Street Address: **Amendment Section** Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

DARBUR INDIAN CUISINE, INC.		
Name of Corporation as currently filed with the Florida Dept. of State		
P10000102832 Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document be	this corporation ing corrected.	files
These articles of correction correct DARBAR INDIAN CUISINE, INC. (Document Type Being Corrected)		
filed with the Department of State on 12/22/2010 (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
DARBUR INDIAN CUISINE, INC.		
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Correct the inaccuracy, incorrect statement, or defect:		
DARBAR INDIAN CUISINE, INC.		 _
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	-	
		
Raji Philip		
(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.)		
Raji Philip	President	
(Typed or printed name of person signing)	(Title of person signing))

Filing Fee: \$35.00