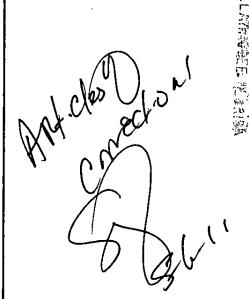
P1100036028

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COVER LETTER

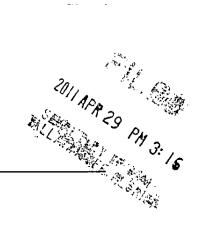
Amendment Section Division of Corporations

TO:

SUBJECT: THE CASH FLOW GRO	OUP, INC.			
DOCUMENT NUMBER: P110000360				
The enclosed Articles of Correction and fee	are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
LOVETTE DOBSON Name of Contact Person				
INCFILE.COM Firm/Company				
134 VINTAGE PARK BLVD SUITE A UNIT 50				
HOUSTON, TX 77070 City/State and Zip Code				
LOVETTE@INCFILE.COM E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this mat	ter, please call:			
LOVETTE DOBSON Name of Contact Person	at (713) 562-8895 Area Code & Daytime Telephone Number			
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: 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



THE CASH FLOW GROUP, INC. Name of Corporation as currently filed with the Florida Dept. of State

P11000036028 Document Number (if known)

200000000000000000000000000000000000000
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 ARTICLES OF INCORPORATION (Document Type Being Corrected)
filed with the Department of State on 4/12/2011 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
1.THE INITIAL OFFICER AND DIRECTOR- THE LAST NAME MISPELLED
2.THE MAILING ADDRESS OF THE CORPORATION
Correct the inaccuracy, incorrect statement, or defect:
1.ARTHUR SCHNITZER
2.3389 SHERIDAN ST #135
HOLLYWOOD, FL 33021
(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.)
Arthur Schnitter - Director Director

Filing Fee: \$35.00

(Requestor's Name)	
(Address)	30020
(Address) (City/State/Zip/Phone #)	
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COVER LETTER

	Amendment Section Division of Corporations
SUBJEC	CT: Sovoni, Inc.
	Name of Corporation
DOCUN	MENT NUMBER: P98000086794
The encl	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Linda T. Petko
	Name of Contact Person
	005.444.04.11.0
	SPF Mgt. Co., LLC Firm/Company
	1 mil/Company
	14620 N. Nebraska Ave. Bldg. B
	Address
	the same of the sa
	Tampa, FL 33613
	City/State and Zip Code
	ltpetko@rnrwheels.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Linda T. Petko at (813) 977-9800 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclosed	I is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Amendment Section Division of Corporations
	P.O. Box 6327 Cliffon Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1 inge is submitted for a corporation organized und ir to change its registered office or registered age	der the laws of the State of $\underline{\ }$	Florida	
1. The name of t	the corporation: Sovoni, Inc.			
2. The principal	office address: 14620 N Nebraska Ave. Bl	dg. B		
	Tampa, FL 33613			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 10 9 98 Do	ocument number:F	P98000086794	
	d street address of the current registered agent and rtment of State: (If resigned, enter resigned)	l registered office on file wi	ith the	
	Linda T. Petko		_	
	515 Sweetleaf Drive		_	
	Brandon, FL 33511		_ FE 201	
6. The name and (if changed):	d street address of the new registered agent (if cha	inged) and /or registered off	fice IAPR 29	ste,
	Linda T. Petko		E7 5	
	14620 N Nebraska Ave. Bldg B		- FA 3:	
	P.O. Box NOT acceptabl	e .	-	
The street addre	ess of its registered office and the street address be identical.	of the business office of it	ts registered agent,	
Such change was	as authorized by resolution duly adopted by its ne board, or the corporation has been notified in	board of directors or by an writing of the change.	officer so	
- Agnatur	really of the control	Loreey D. Sur	Trov, PRES.	
I hereby accept I further agree to of my duties, an document is bei corporation has	The appointment as registered agent and agree to comply with the provisions of all statutes related I am familiar with and accept the obligation in filed merely to reflect a change in the register been notified in writing of this change.	to act in this capacity. Ative to the proper and con of my position as registere ered office address, I herei	nplete performance ad agent. Or, if this by confirm that the	
	Petto	4/26/11		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *