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Art. of Correction
5-5-11

COVER LETTER

Amendment Section Division of Corporations

SUBJECT: THE BARNYARD, INC DOCUMENT NUMBER: P11000039747 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THOMAS J CRIVELLO Name of Contact Person THE BARNYARD, INC. Firm/Company 4839 SW 148TH AVE, SUITE 612 **DAVIE, FL 33330** City/State and Zip Code THEBARNYARDINC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **TOMMY** 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 Certified Copy Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

THE BARNYARD, INC.

Name of Corporation as currently filed with the Florida Dept. of State

P11000039747 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 ARTICLES OF INCORPORATION (Document Type Being Corrected)
filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
I ACCIDENTALLY INDICATED THE WRONG NUMBER OF SHARES IN THE
CORPORTATION UNDER "ARTICLE IV".
Correct the inaccuracy, incorrect statement, or defect:
PLEASE CORRECT THE NUMBER OF SHARES UNDER "ARTICLE IV" TO READ
ONLY 1,000 SHARES.
(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.)

THOMAS J. CRIVELLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00