

P11000040391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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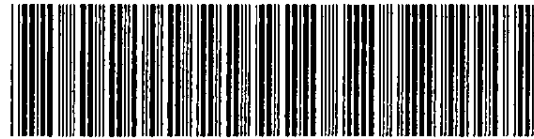
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Articles of Incorporation/NC

5-9-11

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLAVES BARBER SHOP & SALON INC  
Name of Corporation

DOCUMENT NUMBER: P 11000040391

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN ROMERO

Name of Contact Person

QUICK BOOKKEEPING & NOTARY SERVICES

Firm/Company

79 LAS BRISAS WAY

Address

KISSIMMEE, FL 34743

City/State and Zip Code

CROMEROCCS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN ROMERO

Name of Contact Person

at ( 407 ) 350-3836

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

**FLAVAS BARBER SHOP & SALON 2, INC.**

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

**P11000040391**

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 **NAME AND ADDRESS**

(Document Type Being Corrected)

filed with the Department of State on **04/24/2011**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**(NAME) FLAVES BARBER SHOP & SALON**

**(ADDRESS) 1920 JOH YOUNG PKWY**

**KISSIMMEE, FL 34741**

Correct the inaccuracy, incorrect statement, or defect:

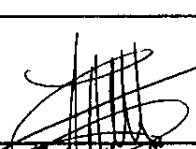
**CORPORATION NAME TO BE CORRECTED AS FOLLOWS**

**FLAVAS BARBER SHOP & SALON 2, INC.**

**ADDRESS TO BE CORRECTED AS FOLLOWS**

**1920 JOHN YOUNG PARKWAY**

**KISSIMMEE, FL 34741**

  
(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.)

**CARMEN ROMERO**

(Typed or printed name of person signing)

**BOOKKEEPER**

(Title of person signing)

**Filing Fee: \$35.00**