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| Special Instructions to Filing Officer: | | |
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COVER LETTER

SUBJECT: Sun Sail Cabans INC. DOCUMENT NUMBER: P11000058809 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charles Crimi Name of Contact Person Sun Sail Cabans INC. Firm/Company 2397 SW 8th Ave. Address Boynton Beach, Florida 33426 City/State and Zip Code sales@sunsailcabana.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Crimi Name of Contact Person

✓ \$35.00 Filing Fee

Enclosed is a check for the following amount:

■ \$43.75 Filing Fee & Certified Copy

TO:

Amendment Section Division of Corporations

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

■ \$43.75 Filing Fee & Certificate of Status

\$52.50 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF CORRECTION

for

Sun Sail Cabans INC.

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

11 JUL -5 AM 10: 31 FALLAHASSEE, FLORIDA

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| P11000058809 | 7 |
| 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 by | s, this corporation files being corrected. |
| These articles of correction correct Articles of Corporation | |
| (Document Type Being Correcte | d) |
| filed with the Department of State on June 27, 2011 (File Date of Document) | _· |
| Specify the inaccuracy, incorrect statement, or defect: | |
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| Company Name: Sun Sail Cabans INC. | |
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| Correct the inaccuracy, incorrect statement, or defect: | |
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| Company Name: Sun Sail Cabana INC. | |
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| (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.) | ······ |
| Charles Crimi | CFO |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00