P1100007492

| (Requestor's Name) | | | |
|---|----------------|-------------|--|
| . (Ad | ldress) | | |
| (Ad | ldress) | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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| <u> </u> | | | |





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08/30/11--01008--008 **43.75

Correction W/NC

Brown 9-2-11

COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: HARBOR ORIENT, IN | C. Name of Corporation | |
|---|--|--|
| DOCUMENT NUMBER: P1100007 | 4925 | |
| The enclosed Articles of Correction and | fee are submitted for filing. | |
| Please return all correspondence concern | ing this matter to the following: | |
| SANGCHAN BLACKBURN | | |
| Name of Contact Person | | |
| HARBOUR ORIENT, INC. | | |
| Firm/Company | | |
| 11527 KENLEY CIRCLE | | |
| Aduress | | |
| ORLANDO, FLORIDA 32824 City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | |
| Annonio (000 @ off m com | · | |
| Anncole 1929@cfl.rr.com E-mail address: (to be used for future annual | report notification) | |
| For further information concerning this m | natter, please call: | |
| ANN M. COLE Name of Contact Person | at (321) 945-2081 Area Code & Daytime Telephone Number | |
| Name of Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amo | ount: | |
| \$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 Division of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |
| | Tallahassee, FL 32301 | |

ARTICLES OF CORRECTION

| | | 5- |
|--|---|---|
| × | | |
| • | • | <i>t.</i> |
| , | ARTICLES OF CORRECTION | N E |
| | for | 20/1 LF |
| | HARBOUR ORIENT, INC. | 1063D |
| | Name of Corporation as currently filed with the Florida Dept. of | State TALLAL MAP 9 |
| , | P11000074925 Document Number (if known) | State SECHERARY OF STATE ALLAHASSEE, FLORIDA |
| Pursuant to the provision these Articles of Correcti | s of Section 607.0124 or 617.0124, Florida S ion within 30 days of the file date of the docu | |
| These articles of correction | | orporation. |
| filed with the Departmen | t of State on AUGUST 22, 2011 (File Date of Document) | · |
| Specify the inaccuracy, in | ncorrect statement, or defect: | |
| SCRIVNER'S ERROF | R IN THE SPELLING OF THE TOWN O | F INDIAN HARBOUR |
| BEACH, FLORIDA. | | |
| RESTAURANT NAME | E IS ALSO TO BE CHANGED TO "HAR | BOUR" ORIENT |
| | | |
| | | |
| | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | | |
| • | ncorrect statement, or defect: | |
| | BE KNOWN AS HARBOUR ORIENT, | · · · · · · · · · · · · · · · · · · · |
| RESTAURANT IS LO | CATED IN INDIAN "HARBOUR" BEACH | H, FLORIDA |
| | | |
| | | |
| | | |
| ···· | | |
| | 7 1/1 | - |
| | | |
| | Signature of a director, president or other officer - if directors or officer of boen selected, by an incorporator - if in the hands of the receiver, | pers have trustee, or |
| | other court appointed fiduciary, by that fiduciary.) | |
| **** | LDLAGUDUDU | |

SANGCHAN BLACKBURN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00