

P11000077894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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9/27/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRANSPORTATION SAN EXPRESS INC

Name of Corporation

DOCUMENT NUMBER: P11000077894

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

Please return all correspondence concerning this matter to the following:

JOSE TOMAS POSSO RAMIREZ

Name of Contact Person

Firm/Company

6248 NW 175 TERRACE

Address

MIAMI, FL. 33015

City/State and Zip Code

OLOPEZ@LRTAXES.COM

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

For further information concerning this matter, please call:

JOSE TOMAS POSSO RAMIREZ

Name of Contact Person

at (305) 4503211

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

Transportation San Express Inc

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

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 ARTICLE # 1

(Document Type Being Corrected)

filed with the Department of State on P11000077894

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

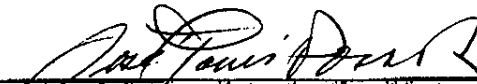
CHANGE THE NAME:

BEFORE NAME, "TRANSPORTATION SAN EXPRESS INC"

Correct the inaccuracy, incorrect statement, or defect:

NEW NAME, "STAFFING & CONSULTING GROUP INC"

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



(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.)

JOSE TOMAS POSSO RAMIREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00