7/100078686

<u> </u>	
(Requestor's Name)	
(Address)	,
(Address)	1
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700211788387

09/14/11--01005--002 **43.75

Mat. classical and



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TIC Insulation Cont	ractor, Inc.
	00078686
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Cheryl Johns	
Name of Contact Person	
TIC Insulation Contractor, Inc.	
5565 Cherry Tree Ave	
Address	
Maccienny, FL. 32063 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
tic.insulation@comcast.net E-mail address: (to be used for future annual re	port notification)
For further information concerning this ma	atter, please call:
Cheryl Johns Name of Contact Person	at (904) 259-9443 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	unt:
□ \$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	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	i aiiaiiassee, i'il 3230 i

ARTICLES OF CORRECTION

FILED

for

2011 SEP 14 PM 5: 18

TIC Insulation Contractor, Inc.

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

SECRETARY OF STATE STATE FLORIDA

(Title of person signing)

P11000078686 Document Number (if known)	-0,
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation fil these Articles of Correction within 30 days of the file date of the document being corrected.	es
These articles of correction correct P11000078686 (Document Type Being Corrected)	
filed with the Department of State on September 6, 2011 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Please REMOVE: Johns, Ogarita T P	
CHANGE: Johns, Warren D from VP to P	
·	
Correct the inaccuracy, incorrect statement, or defect:	
	·
(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.)	
Charul Johns Secretory	

Filing Fee: \$35.00

(Typed or printed name of person signing)