# 211000085303

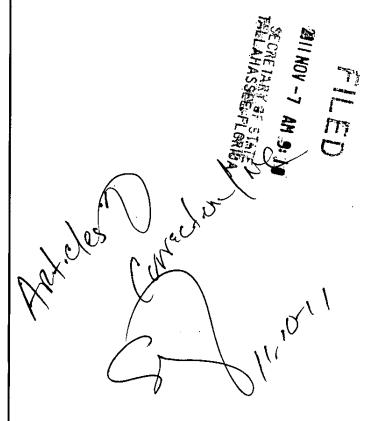
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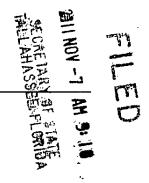
TO: Amendment Section Division of Corporations	
SUBJECT: PARADISE CUST	TOM EMBROIDERY, INC  Name of Corporation
DOCUMENT NUMBER: P110	·
The enclosed Articles of Correction	and fee are submitted for filing.
Please return all correspondence co	incerning this matter to the following:
NANCY S CUNNINGHAM Name of Contact P	erson
PARADISE EMBROIDERY FL, Firm/Company	INC
10525 PARK BLVD	
SEMINOLE, FLORIDA 33772 City/State and Zi	p Code
PARADISECUSTOMEMBROID  E-mail address: (to be used for future	
For further information concerning	this matter, please call:
JOSEPH HOMETCHKO, CPA  Name of Contact Person	at ( 727 ) 543-2543  Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount:
☑ \$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Co	opy \$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

## PARADISE CUSTOM EMBROIDERY, INC Name of Corporation as currently filed with the Florida Dept. of State

## P11000085303 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 ARTICLES OF INCORPORATION  (Document Type Being Corrected)
filed with the Department of State on 9/28/2011 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
CORPORATE NAME IS INCORRECT
Correct the inaccuracy, incorrect statement, or defect:
THE CORRECT NAME SHOULD BE:
PARADISE EMBROIDERY FL, INC
<u>~</u>

(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.)

NANCY CUNNINGHAM

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00