P11000094677	
(Requestor's Name) (Address) (Address)	400214245404
(City/State/Zip/Phone #)	11/17/1101013006 **35.00 And Land
Special Instructions to Filing Officer:	ILIEN IT PH 1:36 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT DOCUMENT NUMBER: <u>*P*1100009467</u>

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

Please return all correspondence concerning this matter to the following:

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For further information concerning this matter, please call:

CRV1/1CR at (305) YIPRRD

Enclosed is a check for the following amount:

\$35.00 Filing Fee

Status \$43.75 Filing Fee & Certificate of Status

□ \$43.75 Filing Fee & Certified Copy

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

FILED MANY 17 PB 1:36 for Hilywood TNC Name of Corporation as currently filed with the Florida Dept. of State P1100009467 Document Number (if know 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, ywood to HAllywood. These articles of correction correct <u>Change The name from</u> (Document Type Being Corrected) 201 filed with the Department of State on e Date of Document) Specify the inaccuracy, incorrect statement, or defect: Corporation, CP T Correct the inaccuracy, incorrect statement, or defect: Inc.

(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.)

IERR or printed name of pe

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Filing Fee: \$35.00