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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Residential Plan Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P 11000 103546

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

Please return all correspondence concerning this matter to the following:

Michael A. Smith
Name of Contact Person

Firm/Company

PO Box 1446
Address

Inverness, FL 34451
City/State and Zip Code

rsplansinc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Smith at (352) 287-5823
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

RESIDENTIAL PLAN SERVICES INC

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

P11000103546

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 December 5, 2011.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The name of the Corporation was submitted incorrectly.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

The correct name should be Residential Service Plans, Inc.

Michael A. Smith

(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.)

Michael A. Smith

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00