## P11000106573

(Reque	stor's Name)	
(Addres	es)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filin	ng Officer:	
`		

Office Use Only



500215186395

12/19/11--01019--009 \*\*35.00

11 DEC 19 PH 12: 07

EILED SECKETARY OF STATE DIVISION OF CORPORATIONS

Alt Correction

## **COVER LETTER**

5 . 5

TO: Amendment Section Division of Corporations	
SUBJECT: AAE SERVICES INC	ame of Corporation
DOCUMENT NUMBER: P11000106	573
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
EDUARDO R ZABALA  Name of Contact Person	<del></del>
AAE SERVICES INC	
Firm/Company	
879 BRIGHT MEADOW DR	
LAKE MARY, FL 32746  City/State and Zip Code	<del></del>
E_Z65@HOTMAIL.COM  E-mail address: (to be used for future annual report further information concerning this ma	
EDUARDO R ZABALA  Name of Contact Person	at ( 407 ) 860-3654  Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
☑ \$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

101		
AAE SERVICES INC		
Name of Corporation as currently filed with the Florida Dept. of State		
P11000106573		
Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this cohese Articles of Correction within 30 days of the file date of the document being co	orporation file	S
These articles of correction correct P11000106573  (Document Type Being Corrected)		
iled with the Department of State on DECEMBER 16, 2011  (File Date of Document)		
Specify the inaccuracy, incorrect statement, or defect:		
EFECTIVE DAY NO SPECIFIED		
	=	OIY.
	DEC	NO.
Correct the inaccuracy, incorrect statement, or defect:	19	SE CHAR
EFFECTIVE STARTING DATE IS 01/01/2012	<u>~</u>	CORPORATION
		RATE
		OH'S
Ø. 9710		

(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.)

EDUARDO R ZABALA

**PRESIDENT** 

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00