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COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: MY SOVICE DOCUMENT NUMBER: P126	·· · · · - · · · · · · · · · · · · ·		
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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My Service Gyy			
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Holly wood, FE 3	33021		
10-66 americanade com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MISSIM PEUIVO Name of Contact Person	at (434-) 21/J-86/9 Area Code & Daytime Telephone Number		
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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

Name of Corporation as currently filled with the Florida Dept. of State
Name of Corporation as currently input with the Profita Dept. of State
P 12000003422
Document Number (tf 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 NCOrporation,
(Dogument Type Being Corrected)
filed with the Department of State on (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
principal address mailing address
registered arent address, both officer
registered agent address, both officer director address are
18430 NE 30th Coult
Aventu 19, FL 33180
HUGITALY, 12 33180
Compatible in accounts in account statement or defect.
Correct the inaccuracy, incorrect statement, or defect:
please update all addresses to
bei 3806 SIMMS St
Holly Was, FC 33021
•
I. M. C.
(Systature 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.)
_Nissim devivoV.P.
(Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00