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COVER LETTER

TO: Amendment Section Division of Corporations

MICHELLE RENTAL APARTMENTS, INC

Name of Corporation

DOCUMENT NUMBER: P12000005527

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

Please return all correspondence concerning this matter to the following:

BARBARA STONE

Name of Contact Person

Firm/Company

7 MIDDLESEX DRIVE

WILTON MANORS, FL 33305

barbiestone@professionalcasemanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA STONE

Name of Contact Person

Enclosed is a check for the following amount:

■ \$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

FILED ,

ARTICLES OF CORRECTION

18 MAY -7 AM 10: 49

SECRETARY PROTATE
TALLAHATIMA FLORIDA

For

MICHELLE RENTAL APARTMENTS, INC.

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

P12000005527 Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, these Articles of Correction within 30 days of the file date of	
These articles of correction correct ARTICLES OF AM	ENDMENT nt Type Being Corrected)
filed with the Department of State on April 16, 2018 (File Date of Doc.)	
Specify the inaccuracy, incorrect statement, or defect:	-
The document added Barbara Stone as Director and inadvert	ently did not designate her as President
Correct the inaccuracy, incorrect statement, or defect:	
Barbara Stone is the Director and President	
,	

(Signature of a director, president of other-officer - If dinot been schediled, by an incorporator - if in the hands	rectors or objects have
not been selected, by an incorporator - if in the hands other court appointed fiduciary, by that fiduciary.)	of the receiver, trustee, or
BARBARA STONE	DIRECTOR
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00