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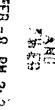
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: INTREDIP P.	IST CONTNOL INC		
DOCUMENT NUMBER: 1712000	010312		
The enclosed Articles of Correction and fee	are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Anthun CAPPELL Name of Contact Person			
Anthun T CAPPELLA Firm/Company	, CPA		
9450 NW 5 TH ST Address			
Pemmu LE Powes F	2 33024		
AnTI145 @ Ace . com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, please call:			
Anihun T CAPPELLA Name of Contact Person	at (957) 432 - 3640 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	<u></u>		
\$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 Tallabassee, FL 32301		

ARTICLES OF CORRECTION

for

TNTREDIP PLST CONTROL Name of Corporation as currently filed with the Florida Dept. of St	INC =
Name of Corporation as currently filed with the Florida Dept. of St	ate Cta
P1200010317 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Stathese Articles of Correction within 30 days of the file date of the documents of the section of the section within 30 days of the file date of the documents.	ar a
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filed with the Department of State on	·
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Be specied INTREPID	
Correct the inaccuracy, incorrect statement, or defect:	-
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THE WAME OF CORPORATION S INTREPID POST CONTROL, INC	
	
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anthon Chridnes	
(Signature of a director, president or other officer - if directors or officers not been selected, by an incorporator - if in the hands of the receiver, true other court appointed fiduciary, by that fiduciary.)	
Anthony chidnese	
anthon Cladan	President
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00