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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CTN MAINGATE ROOMBA INC Name of Corporation **DOCUMENT NUMBER:** P12000027990 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARK SMITH Name of Contact Person Firm/Company 9498 ALTERNATE A1A LAKE PARK,FL 33403 City/State and Zip Code SEMWS@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARK SMITH Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **☑** \$35.00 Filing Fee □ \$43.75 Filing Fee & Certificate of Status ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy □ \$43.75 Filing Fee & Certified Copy **Mailing Address: Street Address:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF CORRECTION

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CTN MAINGATE ROOMBA INV. FAL	LAHASSEE STATE	
Name of Corporation as currently filed with the Florida Dept. of State	A TORIDA	
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Document Number (if known)	•	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document b	, this corporation files eing corrected.	
These articles of correction correct ARTICLE 1 ARTICLES OF IN ARTI	KORPORATION	
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(bignature 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 fiducing, but of fiducing.)		
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HUUCU NGUTEN	DIRECTOR	
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00