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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: QUALITY I REPAIRS I	NC.
DOCUMENT NUMBER: P1200006	
The enclosed Articles of Correction and	fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
DIMITRY TRAUTMAN Name of Contact Person	
QUALITY I REPAIRS Firm/Company	
9983 SHADOW CREEK DR. Address	·
ORLANDO, FL 32832 City/State and Zip Code	
DIM407@GMAIL.COM E-mail address: (to be used for future annual	report notification)
For further information concerning this n	natter, please call:
DIMITRY TRAUTMAN Name of Contact Person	at (at (
Enclosed is a check for the following amo	ount:
☑ \$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

SEURETARY OF STATE TALLAHASSEE, FLORIDA

QUALITY I REPAIRS INC					
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Name of Corporation as currently filed with the Florida Dept. of State

P12000065793 Document Number (if 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 <u>ARTICLES OF INCORPORATION</u> (Document Type Being Corrected)
filed with the Department of State on <u>07/30/2012</u> (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
Principal address of corporation is incorrect.
Mailing address of corporation is incorrect.
FEI/EIN number is missing.
One of the officer's name and address are missing.
Correct the inaccuracy, incorrect statement, or defect:
Principal and mailing address of corporation: 8972 TURKEY LAKE RD., SUITE 700.
ORLANDO, FL 32819
FEI/EIN number: 46-0669879
Add officer: IGOR VEKSLER
Title: VP
Address: 3912 STONEFIELD DR., ORLANDO, FL 32826

(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.)

DIMITRY TRAUTMAN
(Typed or printed name of person signing)

PRES (Title of person signing)