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COVER LETTER

Amendment Section Division of Corporations

TO:

·	·	
SUBJECT: D AND R LEASING CORPORATION' Name of Corporation		
DOCUMENT NUMBER: P120000723	,	
The enclosed Articles of Correction and fee	are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
WILLIAM ADAMS Name of Contact Person	·	
ADAMS ACCOUNTING AND CONSULTING INC Firm/Company		
13100 PINE BOROUGH LANE Address		
PALM BEACH GARDENS, FLORIDA 33418 City/State and Zip Code		
ADAMSWILLIAMS@BELLSOUTH.NET E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please call:		
Name of Contact Person	at () Area Code & Daytime Telephone Number	
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	

ARTICLES OF CORRECTION

for

D AND R LEASING CORPORATION Name of Corporation as currently filed with the Florida Dept. of State



P12000072376

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 PROFIT CORPORATION (Document Type Being Corrected)
filed with the Department of State on 09/01/2012 (File Date of Document)
Specify the inaccuracy, incorrect statement, or defect:
SPELLING OF NAME OF DAVID PERTELL, STD, IS INCORRECT
Correct the inaccuracy, incorrect statement, or defect:
DAVID FERTEL, STD, # OFFICER/DIRECTOR DETAIL SECTION
Tokad Crostans
Sheature by a director president or other officer - if directors or officers have not been selected, by air incorporator - if in the hands of the receiver, trustee, or other court appointed full care, by that fiduciary,

RICHARD CLEVELAND

(Typed or printed name of person signing)

PRESIDENT / DIRECTOR

(Title of person signing)

Filing Fee: \$35.00