

P120000082606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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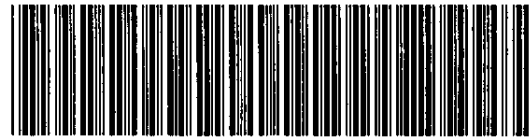
(Business Entity Name)

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Ant Correction  
10/15/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**CREDIT CARD PROCESSING SIMPIFIED INC**

**SUBJECT:** P12000082608 Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

**FIKRAT TAHHAN**

\_\_\_\_\_  
Name of Contact Person

**CREDIT CARD PROCESSING SIMLIFIED INC**

\_\_\_\_\_  
Firm/Company

**7033 TONGA DR**

\_\_\_\_\_  
Address

**JACKSONVILLE FL**

\_\_\_\_\_  
City/State and Zip Code

**UNITEDGROCERS@YAHOO.COM**

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

For further information concerning this matter, please call:

**FIKRAT TAHHAN** at ( 904 ) 3437970  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |
| <input type="checkbox"/>                                     |   |

**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  
**CREDIT CARD PROCESSING SIMPLIFIED INC**

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

**P12000082606**

\_\_\_\_\_  
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.

**FLORIDA PROFIT CORPORATION**

These articles of correction correct \_\_\_\_\_, (Document Type Being Corrected)

**10/01/2012**

filed with the Department of State on \_\_\_\_\_, (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**REGISTERED AGENT NAME : UNITED BUSINESS GROUP CO**

**7033 TONGA DR JACKSONVILLE FL 32216**

**OFFICER/DIRECTOR DETAIL : NAME & ADDRESS TITLE P**

**UNITED BUSINESS GROUP CO**

**7033 TONGA DR**

**JACKSONVILLE FL 32216**

Correct the inaccuracy, incorrect statement, or defect:

**REGISTERED AGENT NAME : FIKRAT TAHHAN**


**7033 TONGA DR JACKSONVILLE FL 32216**

**OFFICER/DIRECTOR DETAIL : NAME & ADDRESS TITLE P**

**FIKRAT TAHHAN**

**7033 TONGA DR**

**JACKSONVILLE FL 32216**

  
(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.)

\_\_\_\_\_  
(Typed or printed name of person signing)

**FIKRAT TAHHAN**

\_\_\_\_\_  
(Title of person signing)

**P**

**Filing Fee: \$35.00**

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