D1200089016

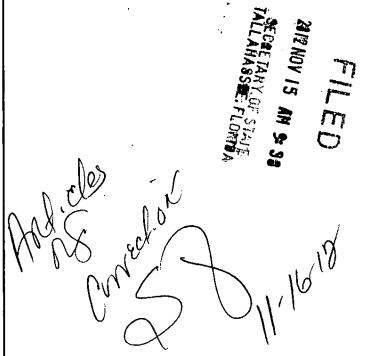
(Requestor's Name)		
(Ad	dress)	
(/ L		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
,		•
PICK-UP	☐ WAIT	MAIL
		<u> </u>
(Business Entity Name)		
(December 1)		
(Document Number)		
Certified Copies Certificates of Status		
T		1
Special Instructions to Filing Officer:		
		}

Office Use Only



100241512341

11/15/12--01017--015 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: A BUS EXPERIE			
DOCUMENT NUMBER: P120000890	me of Corporation)16		
The enclosed Articles of Correction and fee	are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Eric Rodriguez			
Amadeus Financial LLC Firm/Company			
P.O. Box 570297 Address			
Orlando, FL 32807 City/State and Zip Code			
erodriguez@amadeusfinancials.com			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Eric Rodriguez Name of Contact Person	at (407) 334-9225 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytine Telephone Humber		
Enclosed is a check for the following amount	nt:		
■ \$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

FILED 28 MR NOV 15 AM 9 38 TALLAHASSE FILES

A BUS EXPERIENCE INC

Richard Imbruglia

(Typed or printed name of person signing)

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

P12000089016			
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 Articles of Incorporation			
(Detailed Type Being Contents)			
filed with the Department of State on 10/22/2012 (File Date of Document)			
(The Date of Document)			
Specify the inaccuracy, incorrect statement, or defect:			
The Principal, Mailing, Registered Agent and Officer address:			
12253 W Colonial Dr, Winter Garden, FL 34787			
Correct the inaccuracy, incorrect statement, or defect:			
The CORRECT Principal, Mailing, Registered Agent and Officer address:			
12273 W Colonial Dr, Winter Garden, FL 34787			
(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.)			

Filing Fee: \$35.00

President

(Title of person signing)