P13000090326

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	*)
PICK-UP	☐ WAIT	MAIL
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13 NOV 18 PH 2: 30

SECH PARTY STATE

NOV 22 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Complete ADA C	Compliance		
DOCUMENT NUMBER: P13000090	•		
The enclosed Articles of Correction and fe	e are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Christine Paloni			
Complete ADA Complia			
1015 Spanish River Rd	. #109		
Boca Raton, FI 33432 City/State and Zip Code			
giovannia@completeADAcompliance.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Christine Paloni	at (561-)409-9555		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:			
335.00 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

SECOL PROVIDE STATE
TALL STORY OF STATE
TRIBE

For

13 NOV 18 PH 2: 30

(Title of person signing)

Complete ADA Compliance Inc

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

P13000090326 Decument Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files hese Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct Articles of Incorporation (Document Type Being Corrected)	
(Document Type Being Corrected)	
iled with the Department of State on 10/31/2013 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
Name Change of President	
Name Change of Fresident	_
	_
	_
	_
Correct the inaccuracy, incorrect statement, or defect: Giovannia Paloni to Christine G. Paloni	_
	_
	-
	_
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - it in the hands of the receiver, trustee, or other court appointed fiduciary, by that tiduciary.)	_
Christine G. Paloni President	

Filing Fee: \$35.00

(Typed or printed name of person signing)