

P/300009/2/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

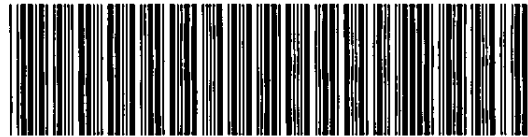
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800253925258

Articles of Correction & Name Change

11/18/13--01010--008 **52.50

FILED

2013 NOV 18 PM 12:32

STATIONARY STATE
TALLAHASSEE, FLORIDA

12/11/13

* 00789, 00721, 04104, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2013

Thomas Jones
2677 Forest Hill Blvd.
Ste 124
Palm Springs, FL 33406

SUBJECT: SOUTHERN CABINETS DISTRIBUTORS CORPORATION
Ref. Number: P13000091213

We have received your document for SOUTHERN CABINETS DISTRIBUTORS CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 813A00027156

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Kitchen Distributors Corp

Name of Corporation

DOCUMENT NUMBER: P13000091213

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

Please return all correspondence concerning this matter to the following:

Thomas Jones

Name of Contact Person

Firm/Company

2677 Forest Hill Blvd STE 124

Address

Palm Springs, FL 33406

City/State and Zip Code

AKBDesigns@Att.Net

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

For further information concerning this matter, please call:

Karen Penrose

Name of Contact Person

at (**561**) **432-0477**

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

FILED

SOUTHERN CABINETS DISTRIBUTORS CORPORATION

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

P13000091213

Document Number (if known)

2013 NOV 18 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,
(Document Type Being Corrected)

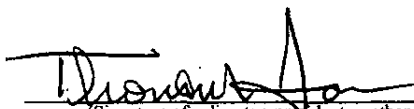
filed with the Department of State on 11/06/2013,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

WROTE DOWN THE INCORRECT NAME FOR THE CORP

Correct the inaccuracy, incorrect statement, or defect:

IT SHOULD BE SOUTHERN KITCHEN DISTRIBUTORS CORP



(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.)

THOMAS JONES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00