P13000101702

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHOFF INSURANCE OF FLORIDA INC
Name of Corporation

DOCUMENT NUMBER: P13000101702

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

Please return all correspondence concerning this matter to the following:

ROXANNE PARSLEY
Name of Contact Person

SHOFF INSURANCE OF FLORIDA INC
Firm/Company

1801 SARNO RD STE 2
Address

MELBOURNE, FL 32935
City/State and Zip Code

ROXANNE@ALLSTATE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROXANNE PARSLEY at (321) 254-6829
Name of Contact Person — 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

SHOFF INSURANCE OF FLORIDA INC

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

P13000101702

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,

(Document Type Being Corrected)

filed with the Department of State on DECEMBER 26, 2013.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

REGISTERED AGENT'S NAME INCORRECTLY STATED AS ROXANNE SHOFF.

INCORPORATOR'S NAME INCORRECTLY STATED AS ROXANNE SHOFF.

PRESIDENT'S NAME INCORRECTLY STATED AS ROXANNE SHOFF.

Correct the inaccuracy, incorrect statement, or defect:

REGISTERED AGENT'S NAME SHOULD BE ROXANNE PARSLEY

INCORPORATOR'S NAME SHOULD BE ROXANNE PARSLEY

PRESIDENT'S NAME SHOULD BE ROXANNE PARSLEY

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DIVISION OF CORPORATIONS
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Roxanne Parsley

(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.)

ROXANNE PARSLEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: $35.00