## P13000101702

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	. <b>).</b>	
SUBJECT: SHOFF INSURA	NCE OF FLORIDA INC	
DOCUMENT NUMBER: P13000101	•	
The enclosed Articles of Correction and fe	e are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
ROXANNE PARSLEY		
Name of Contact Person SHOFF INSURANCE OF FL	ORIDA INC	
1801 SARNO RD STE	2	
MELBOURNE, FL 3293	35	
ROXANNE@ALLSTAT		
For further information concerning this ma		
ROXANNE PARSLEY	at (321 )254-6829	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	unt:	
■ \$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

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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JAN	SION
Lovana Landin	FETA FETA
(\$ighature of a director, president or other efficer - 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.)	
other court appointed fiduciary, by that diduciary.)	音号

**ROXANNE PARSLEY** 

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00