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FEB 20 2014

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SUPPEME_MARK	ETING SOLUTIONS INC.		
SUBJECT: SUPPEME MARKETING SOLUTIONS, INC. Name of Corporation Name of Corporation Name of Corporation			
The enclosed Articles of Correction and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
SPENLER COHEN Name of Contact Person			
SUPKEME MARKETIMS SOLUTIONS, INC.			
SSSS PAUFIC BUD. #4210 BOLA RATION, FL 33433 Address			
BOCA RATON, R 33433 City/State and Zip Code			
Syrememarketing solutions inc @ GMAIL. Com E-mail address: (to be used for future) unual report notification)			
For further information concerning this matter, please call:			
Sperver cotte N Name of Contact Person	at (S61) 379 - 9152 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

Name of Corporation as currently filed with	the Florida Dept. of State
·	
P140000 Document Number (if ki	
Document Number (178)	
Pursuant to the provisions of Section 607.0124 or 617.02 these Articles of Correction within 30 days of the file days	te of the document being corrected.
These articles of correction correct ARTILLES C	COUMENT Type Being Corrected)
filed with the Department of State on 2 6114	of Document)
Specify the inaccuracy, incorrect statement, or defect:	1
COMPANY ADDRESS AND O ADDRESS ARE LISTED INC	FFICER DIRECTOR
ADDRESS ARE LISTED INC	DERECTLY.
	TAL TA
	95 :
Correct the inaccuracy, incorrect statement, or defect:	\$ 0 P
PRINCIPAL, MAILING, REGIS	tered Agent and
EFFLOR DIRECTOR ADDRESS C	HANGED TO!
5533 PACIFIC BLVD. #	4210
BOLA RATON, FL 33	433
THE ABOVE IS OUR ONLY CO	MPAM ADDRESS.
	•
(Signature of a director, president or other office not been selected, by an incorporator - if in the	nands of the receiver, trustee, or
other court appointed fiduciary, by that fiduciar	±11
SPENCER COHEN	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)

Filing Fee: \$35.00