

P14000022294

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14 MAR 28 PM 1:37

SECRETARY OF STATE
FALLS CHURCH, VA 22024

C. LEWIS
MAR 31 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKY WOOD & TILE FLOORING INC.
Name of Corporation

DOCUMENT NUMBER: P140000 22294

The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

LUIZ COSTA
Name of Contact Person

SKY WOOD & TILE FLOORING INC.
Firm/Company

10204 LAKESIDE VISTA DR.
Address

RIVERVIEW FL 33569
City/State and Zip Code

luizcostaus@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIZ CLAUDIO K. COSTA at (813) 9173496
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

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AND
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ARTICLES OF CORRECTION

For

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SKY WOOD & Tile FLOORING INC.
~~AAA~~

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

P14000022294

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 AND Corporation
(Document Type Being Corrected)

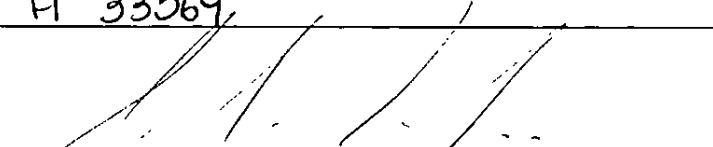
filed with the Department of State on 03.11.2014
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

OFFICER/DIRECTOR Detail Needed to
add president

Correct the inaccuracy, incorrect statement, or defect:

OFFICER/DIRECTOR Detail
NAME and ADDRESS
TITLE P VP
COSTA, LUIZ SR Marcia Costa
10204 LAKESIDE VISTA DR
RIVERVIEW FL 33569



(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)

LUIZ CLAUDIO RODRIGUEZ COSTA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35.00