# P14000026139

| (Requestor's Name)                      |  |  |
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| (Business Entity Name)                  |  |  |
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SECRETARY OF STATE
AND ANALYSEE FLORIBLE

APR 1 6 2014

C. CARROTHERS



## Damian Landeiro, P.A.

Certified Public Accountant and Consultant

10631 N. KENDALL DRIVE, SUITE 140, MIAMI, FL 33176 Tel: 305.279.1225 / Fax: 305.402.0252

March 28, 2014

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE:

My Headquarter Corp.

Document number: P14000026139

Please find enclosed Articles of Correction and fee submitted for filling.

Please return all correspondence concerning this matter to:

Damian Landeiro, CPA Damian Landeiro, PA 10631 N. Kendall Drive, Suite 140 Miami, FL 33176

For further information regarding this matter, please call Damian Landeiro, CPA at 786-402-6692.

Enclosed is a check made payable to the Florida Department of State for the correction in the amount of \$35.00.

Best Regards,

Damian Landeiro, PA

an Jardens , D. A.



#### **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: My Headquarter Corp.   |  |  |
| Name of Corporation DOCUMENT NUMBER: P14000026139   |  |  |
| The enclosed Articles of Correction and fee are submitted for filing.                           |  |  |
| Please return all correspondence concerning this matter to the following:                       |  |  |
| Damian Landeiro, CPA  |  |  |
| Damian Landeiro, PA Firm/Company  |  |  |
| 10631 N. Kendall Drive, Suite 140   |  |  |
| Miami, FL 33176 City/State and Zip Code   |  |  |
| robert@famosoworldwide.com  E-mail address: (to be used for future annual report notification)  |  |  |
| For further information concerning this matter, please call:                                    |  |  |
| Damian Landeiro, CPA  | 786 \402-6692  |  |
| 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 |  |

## FILED

## ARTICLES OF CORRECTION For

14 APR -8 AM 8: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

My Headquarter Corp.

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

### D4.4000000400

| P14000026139  |                           |
|---|---------------------------|
| Document Number (if known)  | <del></del>               |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida S these Articles of Correction within 30 days of the file date of the document these articles of correction correct Articles of Incorporation | ment being corrected.     |
| (EAGARIEM Type Deling   | (Corrected)               |
| filed with the Department of State on March 21, 2014 (File Date of Document)  | ·                         |
| Specify the inaccuracy, incorrect statement, or defect:   |                           |
| The incorporator and the initial officer of the corporat  | ion is incorrect.         |
| At the moment the incorporator appears as:  |                           |
| MY HEADQUARTER FAMOSO WORLDWIDE   |                           |
| At the moment the initial officer appears as:   |                           |
| MY HEADQUARTER FAMOSO WORLDWIDE COR   | RP                        |
| Correct the inaccuracy, incorrect statement, or defect:   |                           |
| The incorporator should be corrected to appear as:  |                           |
| MY HEADQUARTER CORP   |                           |
| The initial officer should be corrected to appear as:   |                           |
| MY HEADQUARTER CORP   |                           |
| (Signature of a director, president or other officer - if directors or officer on the selected, by an incorporator - if in the hands of the receiver, other court appointed fiduciary, by that fiduciary.)        | Crs have<br>trustee, or   |
|   | Officer                   |
| (Typed or printed name of person signing)   | (Title of person signing) |

Filing Fee: \$35.00