

P14 0000 35525

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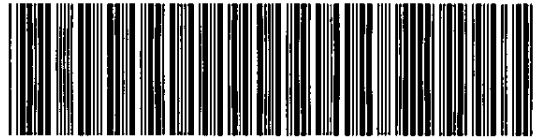
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 20 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COCOA GUN EMPORIUM , INC.

Name of Corporation

DOCUMENT NUMBER: P14000035525

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

Please return all correspondence concerning this matter to the following:

MATTHEW J. MONAGHAN, ESQ.

Name of Contact Person

CANTWELL & GOLDMAN, P.A.

Firm/Company

96 WILLARD ST., STE 302

Address

COCOA, FL 32922

City/State and Zip Code

COCOAGUN2014@YMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUISE ANDREWS at (321) 302-9076

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

COCOA GUN EMPORIUM, INC.

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

P14000035525

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 **04/21/2014**,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE II-MAILING ADDRESS

824 W. KING STREET

COCOA, FL 32922

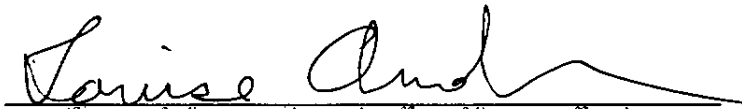
Correct the inaccuracy, incorrect statement, or defect:

ARTICLE II-MAILING ADDRESS SHOULD BE:

P.O. BOX 939

SHARPES, FL 32959

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TALLAHASSEE, FLORIDA



(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.)

LOUISE ANDREWS

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35.00