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COVER LETTER

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: FREE SPI Nai DOCUMENT NUMBER: P 14	RIT EXPIZESS me of Corporation
DOCUMENT NUMBER: P 14	0000 46 066
The enclosed Articles of Correction and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JUAN R. ESPINOSA Name of Contact Person	
FREE SPIRIT EXPO	RESS INC.
15745 5W 103 LN Address	
MIANI FL 33196 City/State and Zip Code	
irep 1964@ hot mail. com Email address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JUAN R. ESPINOSA Name of Contact Person	at (786) 201-0829 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy	☐ S52.50 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

FREE SPIRIT EXPRESS INC. Name of Corporation as currently filed with the Florida Dept. of State
P 14 0000 46 066 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
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
THAT IS NOT A CORRECTION IS ONLY ADD MU NAME THAT PRESTDENT
ABD MY NAME +HAT PRESIDENT JUAN R. ESPINDEAR
JUAN A. ESPINOSA
26
Arm (=
SSE I
Correct the inaccuracy, incorrect statement, or defect:
5
V
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of the receiver, trustee, or
other court appointed fiduciary, by that fiduciary.)
TUAN R. ESPINOSA (Typed or printed name of person signing) REGISTERED. AGE: (Title of person signing)
Filing Fee: \$35.00