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8-19-14

	VER LETTER
TO: Amendment Section Division of Corporations	
SUBJECT: M & Y PARTY DECC	
DOCUMENT NUMBER: P14000064	4037
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
OSMANI POMPA	
Name of Contact Person	
Firm/Company	
2901 30TH AVE N	
Address	
OT DETEDODI IDA EL	22712 ··································
ST PETERSBURG, FL	. 33713 "Hat filling"
Chrystale and Lip Code	
Chrystale and Lip Code	
myparty_decorentals@y E-mail address: (to be used for future annual re	Port notification)
Chrystale and Lip Code	atter, please call:
<u>myparty_decorentals@y</u> E-mail address: (to be used for future annual re For further information concerning this ma	atter, please call:
myparty_decorentals@y E-mail address: (to be used for future annual re For further information concerning this ma OSMANI POMPA	atter, please call: atter, 813 956-0196
myparty_decorentals@y E-mail address: (to be used for future annual re For further information concerning this ma OSMANI POMPA	atter, please call: atter, please call: at (813) 956-0196 Area Code & Daytime Telephone Number
E-mail address: (to be used for future annual re For further information concerning this ma OSMANI POMPA Name of Contact Person	atter, please call: atter, please call: at (813) 956-0196 Area Code & Daytime Telephone Number
E-mail address: (to be used for future annual re For further information concerning this ma OSMANI POMPA Name of Contact Person	eport notification) WD WD WE MD WD WD WD WD WD WD WD W

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ARTI	CLES OF CORREC	CTION	As I
For			
M & Y PARTY DECORA	TIONS AND REN	TALS INC	
Name of Corpo	pration as currently filed with the Florid	la Dept. of State	HICE TO T
P1400	0064037	5631 (164). Fe	
	Document Number (if known)		
ursuant to the provisions of Section lese Articles of Correction within 3	607.0124 or 617.0124, F 0 days of the file date of t	lorida Statutes, this he document being	corporation files corrected.
hese articles of correction correct	TY, ZIP CODE AND ADDRESS INFORMATIC	IN OF PRINCIPAL, MAILING AND	REGISTER AGENT
iled with the Department of State on	(LAGeument	Type Being Corrected)	
ned with the Department of State on	(File Date of Docuf	nem): STRIC	
Specify the inaccuracy, incorrect stat	ement, or defect:		
The name of the city "ST PETERBURGUG", the		mailing address "33170	' and the street number
for the registered agent ac	Idress "30YT" are a	all incorrect.	
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Correct the inaccuracy, incorrect stat	ement or defect	- -	
The correct name of the city is "ST PETERSBI	-	e principal and mailing a	address is "33713" and
he correct street number f		1/ · · · · · · · · · · · · · · · · · · ·	<u> </u>
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not been selected,	by an incorporator - if in the hands of ited fiduciary, by that fiduciary.)		
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OSMANI POMPA		PRESID	ENT
(Typed or printed name of person si	gning)	Title	e of person signing)
	Filing Fee: \$35.00		
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