

P14000072699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

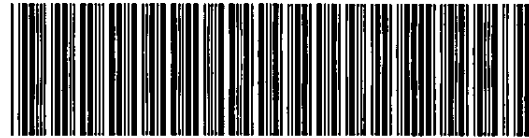
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/14--01025--008 **35.00

14 SEP 18 PM 1:14
H.F.O.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis
9-25-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FloodMasters Dryout and Restoration
Name of Corporation

DOCUMENT NUMBER: P14000072699

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

Please return all correspondence concerning this matter to the following:

Audrey Colbert
Name of Contact Person

Floodmasters Dryout and Restoration
Firm/Company

Address

City/State and Zip Code

AudreyC.Lovell@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey at (239) 573-6000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A domestic or foreign corporation may correct a document filed by the Department of State within 30 days after filing if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 607.0124 or 617.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 607.0120 or 617.01201, Florida Statutes, the document must be typewritten or printed and must be legible.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)
Certified Copy (Optional)	\$ 8.75
Certificate of Status (Optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Amendment Section at (850) 245-6050.

ARTICLES OF CORRECTION

For

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 SEP 18 PM 1:14

FloodMasters Dryout and Restoration Service
Name of Corporation as currently filed with the Florida Dept. of State
Inc.

P14 0000 72699

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 name and address
(Document Type Being Corrected)

filed with the Department of State on 9/3/14
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

name states: Audrey Lovell → correct to Audrey Colbert
address: 517 SE 17th change to → 1242 SW Pine Island Rd
Unit 42-315
Cape Coral, FL
33991

Correct the inaccuracy, incorrect statement, or defect:

Audrey Colbert 1242 SW Pine Island Rd #42-315
Cape Coral, FL 33991

Audrey Colbert Love
(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.)

Audrey Colbert
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00