

P15D00029242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

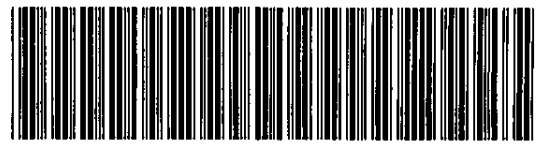
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Taylor R. Stayer  
Auth the correction

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
2015 APR 17 PM 12:41

Auth Correction  
@ 4.22.15

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CWI INC.  
Name of Corporation

DOCUMENT NUMBER: P15000029242

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

Please return all correspondence concerning this matter to the following:

TALOR STAYER  
Name of Contact Person

CWI INC  
Firm/Company

PO Box 8398  
Address

FLEMING ISLAND FL 32006  
City/State and Zip Code

CWISALES@OUTLOOK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TALOR STAYER at ( 904 ) 755-0758  
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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 APR 17 PM 12:41

## ARTICLES OF CORRECTION

For

CWI INC.

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

P 150000 29242

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 3/30/15

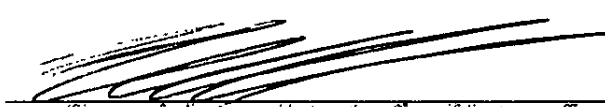
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NO OFFICERS

Correct the inaccuracy, incorrect statement, or defect:

@ TALOR STAYER  
PO BOX 8398  
FLAMINGO ISLAND, FL 32006  
PRESIDENT

  
(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)

TALOR STAYER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00