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Division of Corporations
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From:
Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

15 MAY -7 AM 7: |:

ALLANDARY OF STATE

TALLANDASSEE, FLORD

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ROZA DE ZARON INC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00



## COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Roza De Zaron	Inc					
Name of Carporation  DOCUMENT NUMBER: P15000034672						
The enclosed Articles of Correction and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Frank De La Paz						
Name of Contact Person						
Equal Services						
Firm/Company						
2300 W 84th Street						
Hialeah, Fl 33016						
City/State and Zip Code						
equalservices@gmail.c	om					
E-mail address: (to be used for future annual re						
For further information concerning this matter, please call:						
Frank De La Paz	at (305 ) 596-5655					
Name of Contact Person	Area Code & Duytime Telephone Number					
1.00						
Enclosed is a check for the following amor	unt:					
s35.00 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:	Street Address:					
Amendment Section	Amendment Section					
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	Tallahassee, FL 32301					

## ARTICLES OF CORRECTION

For

Roza De Zaron Inc		
Name of Corporation as currently filed with the Florida Dept. of	Sinte	
P15000034672		
Document Number (If known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida S these Articles of Correction within 30 days of the file date of the docu	tatutes, this corporation files ment being corrected.	
These articles of correction correct Articles of Incorporation		
filed with the Department of State on 04-16-2015  (Nile Date of Document)	3 Corrected)	
Specify the inaccuracy, incorrect statement, or defect:		
Name of Corporation was Mis Spell		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·		
Correct the inaccuracy, incorrect statement, or defect:		
Correct name shall be Rosa De Zaron Inc		
	<b>₽</b>	
	<u> </u>	
1-1/1/ \(\frac{1}{n} = \frac{1}{n} = 1	Y-7 F	FILE
(Signature of a director, president or other officer - if directors or off not been selected, by an incorporator, if in the hands of the receives other court appointed fiduciary by that fiduciary.)	cers have trustee, or FLORE	D
Frank De La Paz	. Agent ₩ w	
(Typed or printed name of person signing)	(Title of person signing)	

Filing Fee: \$35.00