

PI 50000 35324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

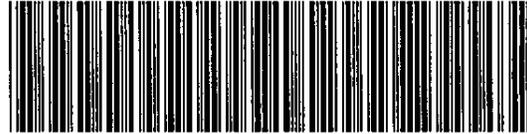
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hulks Towing & Recovery, Inc.
Name of Corporation

DOCUMENT NUMBER: P15000035324

The enclosed Articles of Correction and fee are submitted for filing. *- Name change to include word Services.*
Please return all correspondence concerning this matter to the following:

Joseph Sauro
Name of Contact Person

Hulks Towing & Recovery Services, Inc.
Firm/Company

1278 Antilles Lane
Address

Spring Hill, FL 34608
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Murff at (352) 398-5972
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

ARTICLES OF CORRECTION

For

Hulks Towing & Recovery, Inc.
Name of Corporation as currently filed with the Florida Dept. of State

P15000035324
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 Corporation Papers
(Document Type Being Corrected)

filed with the Department of State on 4-17-2015
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Change Name of Corporation to:
Hulks Towing & Recovery Services, Inc.

Correct the inaccuracy, incorrect statement, or defect:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Joseph Sauro 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.)

Joseph Sauro
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35.00