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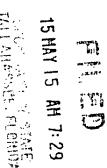
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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Cobes Back	1	
DOCUMENT NUMBER: P\50	Son Scriptor	
The enclosed Articles of Correction and fe	ee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Wis Noel Pole Name of Contact Person	<u>い</u> つつ。	
Cobes Poeter S	Shop Big	
14533 Huntcliff	-Palkmay	
Olando, El 3- City/State and Zip Code	1824	
Cobes berbershop @ \ E-mail address: (to be used for future annual re	Show. Comport notification)	
For further information concerning this ma	atter, please call:	
Angela Polenco. Name of Contact Person	at (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amo		
⁴ \$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 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 Document Type Being Corrected) filed with the Department of State on Specify the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect: 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.)

Filing Fee: \$35.00

(Title of person signing)