

P15000016179

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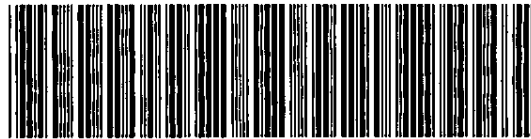
(Business Entity Name)

(Document Number)

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15 SEP 28 PM 2:25  
FALL RIVER, FL 32909

OCT 02 2015

R. WHITE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: NO LABEL, inc.  
Name of Corporation

DOCUMENT NUMBER: P 15000076179

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

Please return all correspondence concerning this matter to the following:

LYNN G. ZOPHRES  
Name of Contact Person

NO LABEL, inc.  
Firm/Company

4940 S.W. Lake Grove Circle  
Address

Palm City, FL. 34990  
City/State and Zip Code

zophres L @ bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Zophres at ( 954 ) 465-4803  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF CORRECTION

For

15 SEP 23 PM 2: 26

NO LABEL, inc.

Name of Corporation as currently filed with the Florida Dept. of State, PALM BEACH, FLORIDA

P 15000076179

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 September 12<sup>th</sup>, 2015  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Officer / Director Detail  
Title Treasurer  
ZOPHRES, LYNN G.  
4940 S.W. Lake Grove Circle  
Palm City, FL. 34990

Correct the inaccuracy, incorrect statement, or defect:

Officer / Director Detail  
Title Treasurer  
ZOPHRES, Theocharis G.  
4940 S.W. Lake Grove Circle  
Palm City, FL. 34990

Lynn G. Zophres

(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.)

LYNN G. ZOPHRES

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35.00