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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: EMPIRE GENER	Name of Corporation
DOCUMENT NUMBER: P1500	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Correction and	I fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
ROBERT D RIDER Name of Contact Person	
EMPILE GENERAL CONSTRUCTION Firm/Company	SELVICES INC.
D6 NE 5TH PL Address	
CAPE COLAL FL City/State and Zip Code	339 Ø9
EMPIREGENERALCS @ GMAIR E-mail address: (to be used for future annu	L. Co Mal report notification)
For further information concerning this	matter, please call:
ROBERT D. RIDER UP	at (941) 706 - 5630 Area Code & Daytime Telephone Number
Enclosed is a check for the following ar	nount:
☒ \$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

EMPIRE GENERAL CO	WISTRUCTION SERVICES With the Florida Dept. of State	NC.	
P15000101810 Document Number	r (ifknown)		
Pursuant to the provisions of Section 607.0124 or 61 these Articles of Correction within 30 days of the file			
These articles of correction correctARTICLES	(Document Type Being Corrected)		
filed with the Department of State on DECEMBE (File	R 22, 2015. Date of Document)		
Specify the inaccuracy, incorrect statement, or defect	t:		
ARTICLE VI			
THE INITIAL OFFICER(S) AND OR DIE	LECTUR(S) OF THE CORPORAT	10N 15/ARE:	
TITLE: VP		TS ₹	
ROBERT D RIDER		<u>∑</u>	71
126 NE 524 PZ		<u> </u>	o in a production of
CAPE CURAL FL 33989 US		्र हे	11
Correct the inaccuracy, incorrect statement, or defect	::	FIAIE STATE LORIDA	محمسيا
ARTICLE VIT			
THE INITIAL OFFICER(S) AND/OR DIRECT	_	15 /AKE:	
TITLE: PRESIDENT	TUTE: ND		
CRAIC METZ RUH	ROBERT D RIDER		
22381 ELMIRA BUD	190 HE 2TH DF		
BET CHAPLOTTE, FL 33452 US	CAPE COLAL, FL 339	189 45	
(Signature of a director, president or other of been selected, by an incorporator - if in other court appointed fiduciary, by that fid	n the hands of the receiver, trustee, or		
Robert Rider Vp	(Title of person s	ogning)	

Filing Fee: \$35.00