

PI6000000526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORY BLUMER INC

Name of Corporation

DOCUMENT NUMBER: P16000000526

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

Please return all correspondence concerning this matter to the following:

DAVID P CARR CPA

Name of Contact Person

DAVID P CARR CPA PA

Firm/Company

1540 SW 48th Terr

Address

Cape Coral FL 33914

City/State and Zip Code

DAVID@DCARRCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID P CARR

Name of Contact Person

at (**239**) **791-1040**

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

CORY BLUMER INC

Name of Corporation as currently filed with the Florida Dept. of State

P16000000526

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 **ARTICLE ONE -NAME OF CORPORATION**,
(Document Type Being Corrected)

filed with the Department of State on **12/30/2015**,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Incorrect Name: CORY BLUMER INC

Correct the inaccuracy, incorrect statement, or defect:

Correct Name: COREY BLUMER INC



(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.)

1/8/2016

Corey Blumer

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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STATE OF FLORIDA