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COVER LETTER

TO:

Amendment Section

Division of Corporations	
SUBJECT: SALT PROP DOCUMENT NUMBER: P16	PERTY PRESERVATION FULL Name of Corporation 000014195
The enclosed Articles of Correction and f	
	•
Please return all correspondence concerni	-
TERONE MAUN	REN IR
Mc Graw & MAURES	
1216 NW 13TH	ST.
1216 NW 1374 Caty/State and Zip/Code	FC 32601
E-mail address: (to be used for future annual	Teport notification)
For further information concerning this m	natter, please call:
JEROME MAUREN J	Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
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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

SALT PROPERTY PRESERVATION TWO Name of Corporation as currently filed with the Florida Dept. of State
A
PILOOO 14195 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 THEORPORATION (Document Type Being Corrected)
filed with the Department of State on FEBRUARY 11, 2014
Specify the inaccuracy, incorrect statement, or defect:
REGISTERED AGENT NAME, FUCURPORATOR NAME AND OFFICER NAME SPECIED
NAME AND OFFICER NAME SPECIED
THORNETY.
<u> </u>
Correct the inaccuracy, incorrect statement, or defect:
REGISTERED AGENT - JADA N FULLARD
Incorporation - IADA N. FULLARD
1 00 00 - 7
Officer P.D - JADA N. FULLARD
(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.)
TADA N. FULLARD OFFICER
Typed or printed name of person signing) (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00