P160000 37018

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C. CARROTHERS

TO: Amendment Section Division of Corporations	
SUBJECT: Marin	E Resources Inc.
DOCUMENT NUMBER: P16	000037018
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Donerick Torri	110
DAT Accountly & C	onsulting.
9/2 NE 23 Ter-ace	
Pompano Beach City/State and Zip Code	PL
Torrillo ya @ Aol. E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this mat	ter, please call:
Done, K Torrillo Name of Contact Person	at (954) 646 3200 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$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

Name of Corporation as currently filed w	<u>Les ources</u>	Loca Co	
Name of Corporation as currently filed w	ith the Florida Dept. of State		
01/ 01/			
P16 D0 00	37018		
Document Number (fknown)		
Pursuant to the provisions of Section 607.0124 or 617, these Articles of Correction within 30 days of the file of	0124, Florida Statutes	, this corporation files	
these Articles of Correction within 30 days of the file	date of the document b	eing corrected.	
These articles of correction correct $P/6$ filed with the Department of State on $Gride D$	0000370	7 9 55	ZEIL HAY
These afficies of correction correct	(Document Type Being Corrected	d)	
Clade with the Demontrary of Chate on	125/16	\$ A	
filed with the Department of State on(File D	ate of Document)	· 图式	6-
			A
Specify the inaccuracy, incorrect statement, or defect:		<u> </u>	
Registered Agent Name	Lone/ Max		- Cis
Registered Agent Name 1 Office- / Director Datail - 1	0	9/11	7
Officer Vinerton Natail - 1	resident Nai	ne Lone/ M	うと
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Correct the inaccuracy, incorrect statement, or defect:			
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Registered Agent Name Office Director Detail - Preside	Fone i rela	7	-
office Director Vetail - treside	nt dame is	Ionel Mar	-i~
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Gignature of a director president or other of	illo CF	o_	_
(Signature of a director, president or other of not been selected, by an incorporator - if in the court appointed fiduciacy by that fiduciacy	the hands of the receiver, trustee, o	O	-
(Signature of a director, president or other of not been selected, by an incorporator - if in tother court appointed fiduciary, by that fiduciary, by that fiduciary.	the hands of the receiver, trustee, o	O	_
not been selected, by an incorporator - if in to other court appointed fiduciary, by that fiduciary.	the hands of the receiver, trustee, o	<u>O</u>	_
not been selected, by an incorporator - if in to other court appointed fiduciary, by that fiduciary.	the hands of the receiver, trustee, o	0_ or (F0	_
not been selected, by an incorporator - if in t	the hands of the receiver, trustee, o	OOr CFO (Title of person signing)	_

Filing Fee: \$35.00