## P16000051998

| (Re                                     | equestor's Name)   |             |
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FILEU SEGRETARY OF STATE SEVISION OF CORPORATION

JUN 2 9 2013

**C LEWIS** 

## COVER LETTER \*

| <b>TO:</b> Amendment Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT:LOCKWOOD T  | TECHNOLOGY CORPORATION  Name of Corporation  |  |
| DOCUMENT NUMBER: P  | 16000051998  |  |
| The enclosed Articles of Correction and   | fee are submitted for filing.  |  |
| Please return all correspondence concern  | ning this matter to the following:   |  |
| KARIN ROHRE   | ΞΤ   |  |
| ONLINESUNBIZ  | INC  |  |
| 11125 PARK BLVD ST  | E 104-225  |  |
| SEMINOLE FL City/State and Zip Code   |  |  |
| KROHRET@ONLINESUN  E-mail address: (to be used for future annua                                 |  |  |
| For further information concerning this   | matter, please call:   |  |
| KARIN ROHRET  Name of Contact Person  | at (727) 474-1816  Area Code & Daytime Telephone Number  |  |
| Enclosed is a check for the following an  | 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

FILLED SECRETARY OF STATE DIVISION OF CORPORATION

For

2016 JUN 24 PM 3: 52

## LOCKWOOD TECHNOLOGY CORPORATION

| Name of Corporation as currently filed with the Florida Dept. of State   |
|--|
| P16000051998   |
| 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(File Date of Document)   |
| Specify the inaccuracy, incorrect statement, or defect:  |
| ARTICLE VI - INCORRECT NAME OF OFFICER   |
| FROM - SAM TALARI  |
| TO - SAED TALARI   |
| ARTICLE VII - INCORRECT NAME OF OFFICER  |
| FROM - SAM TALARI  |
| TO - SAED TALARI   |
| Correct the inaccuracy, incorrect statement, or defect:  |
|  |
| (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.) |
| SAFD TALAR!  (Typed or printed name of person signing)  (Title of person signing)  |

Filing Fee: \$35.00