# P16000064661

| (Requestor's Name)  (Address)  (Address)  | 500288869145             |  |  |
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| (City/State/Zip/Phone #)                  | 08/17/1601017003 **35.00 |  |  |
| (Business Entity Name)  (Document Number) | 15 AUG 17                |  |  |
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2016

PETER T. FLOOD 125 NORTH AIRPORT RD #202 NAPLES, FL 34104

SUBJECT: ELAINE M. MURPHY INC.

Ref. Number: P16000064661

We have received your document for ELAINE M. MURPHY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 716A00019021

Carol Mustain Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

| TO: Amendment Section Division of Corporations  |   | •  |
|---|---|--|
| SUBJECT: ELAINE M. MUR  | RPHY INC  | <b>)</b> .                                     |
| DOCUMENT NUMBER: P160000646   | •   |  |
| The enclosed Articles of Correction and fee   | are submitted for   | or filing.                                     |
| Please return all correspondence concerning   | this matter to th   | ne following:                                  |
| PETER T. FLOOD  |   |  |
| PETER T. FLOOD, ATT   | ORNEY   |  |
| 125 NORTH AIRPORT RE  | #202  |  |
| NAPLES, FL 34104  City/State and Zip Code   |   |  |
| PTFLAW@GMAIL.CON  E-mail address: (to be used for future annual rep                             |   |  |
| For further information concerning this mat   |   |  |
| PETER T. FLOOD  |   | ,263-2177                                      |
| Name of Contact Person  | all   | & Daytime Telephone Number                     |
| ·   |   |  |
| Enclosed is a check for the following amou  | nt:   |  |
| <b>\$35.00</b> Filing Fee   | ☐ \$43.75 Filing Fee & Certificate of Status  |  |
| □ \$43.75 Filing Fee & Certified Copy   | □ \$52.50 Filin<br>Certi  | ng Fee, Certificate of Status & ified Copy     |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F | ection<br>orporations<br>ng<br>e Center Circle |

## ARTICLES OF CORRECTION

For

## ELAINE M. MURPHY INC.

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

| P16000064661  |          |
|---|----------|
| Document Number (if known)  | <u>)</u> |
| 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.  | S        |
| These articles of correction correct ARTICLES OF INCORPORATION,   |          |
| filed with the Department of State on AUGUST 3, 2016  (File Date of Document)   |          |
| Specify the inaccuracy, incorrect statement, or defect: FILED CORPORATION NAME AS (ELAINE M. MURPHY INC.)   |          |
| LEFT OUT (ART)  |          |
| SHOULD BE (ELAINE MURPHY ART, INC.)   | _        |
|   |          |
| REMOVE THE M. FROM THE CORPORATE NAME AND ALSO  |          |
| REMOVE THE INITIAL M. FROM THE REGISTERED AGENT AND PVST NAME.  |          |
| Correct the inaccuracy, incorrect statement, or defect:  CORPORATION NAME SHOULD BE(ELAINE MURPHY ART, INC.)  |          |
| THE NEW CORPORATION NAME SHALL BEL:   |          |
| ELAINE MURPHY ART, INC.   | -        |
| THE NAME OF THE DECISION ACENT DRESS SEC. TREA AND VIDRES   |          |
| THE NAME OF THE REGISTERED AGENT, PRES., SEC., TREA. AND V. PRES.   | —        |
| FOR THE CORPORATION SHOULD NOW READ: ELAINE MURPHY.   | _        |
| Attorney on behalf of Elaina M. Mwyshynot Signature of a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |          |
| PETER T. FLOOD ATTORNEY   |          |

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)