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## **COVER LETTER**

" **TO**:

TO: Amendment Section Division of Corporations			
SUBJECT: Blackhorse Secu	arity, Inc.		
DOCUMENT NUMBER: P16000073	•		
The enclosed Articles of Correction and fee	e are submitted f	or filing.	
Please return all correspondence concerning	g this matter to the	he following:	
Adam Leopold	<u>.</u>	_	
Blackhorse Security, In	C		
Firm/Company		-	
1625 Atlantic Beach Dr	ive		
Atlantic Beach, FL. 322	33	- -	
adam@leopold.us.com		· _	
E-mail address: (to be used for future annual rep For further information concerning this ma			
Adam Leopold		.838-4783	
Name of Contact Person	at ( Area Code	838-4783 e & Daytime Telephone Number	
Enclosed is a check for the following amou	ınt:		
□ \$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 SEP 26 AM II: 19

For

SECMETARY OF STATE TALLAHASME FEGRIDA

	В	lack	chorse	Seci	uritv.	inc.
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Name of Corporation as currently filed with the Florida Dept. of State

## P16000073625 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 September 07, 2016 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: Article VIII The effective date for this corporation shall be: 12/01/2016 Correct the inaccuracy, incorrect statement, or defect: Article VIII The effective date for this corporation shall be: 10/01/2016

(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.)

Adam Leopold

President

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00