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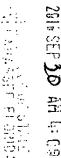


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C. CARROTHERS

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Att. Ms KAthy

## **COVER LETTER**

TO: Amendment Section Division of Corporations	* * * * ;			
SUBJECT: ICOM TR	An speakation			
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The enclosed Articles of Correction and fe	is matter to the following:			
Please return all correspondence concerning this matter to the following:				
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City/State and Zip Code				
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For further information concerning this ma	atter, please call:			
Demetrick McMillan Name of Contact Person	at (305) 982 - 860/ Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount	unt:			
☑ \$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

\*AHN8 Ms. Kathy

## ARTICLES OF CORRECTION

For

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