## P16000097458

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: CHOBAL King	tom Insurance, Fac.	
SUBJECT: CHOBAL KINGDOM INCURANCE, FUC.  Name of Corporation  DOCUMENT NUMBER: P 14000097458		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jose A. MALDONAT	00	
Global Kingdom Insu	IRANCE, Frc.	
2333 Ponce de Lear Blvd - Suite 630 Address		
CORAL GABLES, FZ. 33135  City/State and Zip Code		
Tose & Gored Crest. Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jose A. MALDONADO  Name of Contact Person	at (786) 499-5082	
Enclosed is a check for the following amoun		
\$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

GIDBAC Kingdom FNSURANCE, FNC  Name of Corporation as currently filed with the Florida Dept. of State
P 16000097458  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. Alticles of These articles of correction correct Officer Director Detail, (Document Type Being Corrected)  filed with the Department of State on Dec. Officer Document)  Specify the inaccuracy, incorrect statement, or defect:
THE CEO : REDOVANE CHATEI
TALL:
<u> </u>
Correct the inaccuracy, incorrect statement, or defect:  REPIACE WITH, FALCON AMENICAS, INC.
(Signature of a director, president or other officer - if directors or officers have not been selected by an improporator - if in the hands of the receiver, trustee, or
other court appointed fiduciary, by that fiduciary.)
Jose A. MA USO NADO  (Typed or printed name of person signing)  (Title of person signing)

Filing Fee: \$35.00