P17000003359

Office Use Only



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Ant Correction

JAN 24 2017 I ALBRITTON

COVER LETTER

| Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: CHRISTINE PAP | | | |
| DOCUMENT NUMBER: P17000003 | ime of Corporation | | |
| The enclosed Articles of Correction and fee | · · · · · · · · · · · · · · · · · · · | | |
| Please return all correspondence concerning this matter to the following: | | | |
| MARIE CHRISTINE PA | , and the second | | |
| Name of Contact Person | | | |
| • | | | |
| Firm/Company | | | |
| 720 NE 62ND ST, APT 310 | | | |
| MIAMI, FL 33138 | | | |
| City/State and Zip Code | | | |
| southfloridacpa@yahoo.com | | | |
| E-mail address: (to be used for future annual rep | ort notification) | | |
| For further information concerning this matter, please call: | | | |
| MARIE CHRISTINE PAPE | E _{at} (305) 343-8394 | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | |
| | | | |
| Enclosed is a check for the following amou | nt: | | |
| \$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: | Street Address: | | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF CORRECTION

For

| CHRISTINE PAPE, INC. | | | |
|---|-----------|--|-----|
| Name of Corporation as currently filed with the Florida Dept. of State | | | |
| P1700003359 | | | |
| Document Number (if known) | | | |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, the these Articles of Correction within 30 days of the file date of the document being These articles of correction correct ARTICLES OF INCORPORATION | | ion file | es: |
| filed with the Department of State on JANUARY 9, 2017 (File Date of Document) | | | |
| Specify the inaccuracy, incorrect statement, or defect: NAME OF REGISTERED AGENT AND OFFICER (PSTD) | • | | |
| is not CHRISTINE PAPE | | | |
| | 200 | 201 | |
| | *** | | |
| | 7 2 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| | | PH | |
| Correct the inaccuracy, incorrect statement, or defect: CORRECT NAME IS MARIE CHRISTINE PAPE | | 1:03 | V |
| | | | |
| | | | |
| (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.) | _ | | |
| MARIE CHRISTINE PAPE PRESI | PRESIDENT | | |

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)