

PI70000037209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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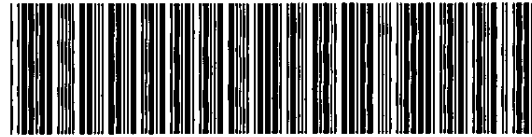
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Art Correction

MAY 05 2017  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPALA CONSTRUCTION INC

Name of Corporation

**DOCUMENT NUMBER:** P17000037209

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LILA A MARROQUIN DE CARRILLOS

Name of Contact Person

IMPALA CONSTRUCTION INC

Firm/Company

3311 BLUFFVIEW DR

Address

SPRING HILL FL 34609

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIONISIA FERNANDEZ at ( 813 ) 884-4411

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

**IMPALA CONSTRUCTION INC**

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

**P17000037209**

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 **ARTICLE V, VI AND VII**,  
(Document Type Being Corrected)

filed with the Department of State on **04/24/2017**,  
(File Date of Document)


Specify the inaccuracy, incorrect statement, or defect:

**REGISTER AGENT'S NAME AND PRESIDENT NAME CORRECTION  
SHOULD BE: LILA A MARROQUIN DE CARRILLOS**

Correct the inaccuracy, incorrect statement, or defect:

**LAST NAME OF REGISTER AGENT AND PRESIDENT**

**FILED**  
**2017 MAY -2 PM 1:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

  
(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.)

**LILA A MARROQUIN DE CARRILLOS**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**