P17000004186

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
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| Special Instructions to Filing Officer: | | |
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SECRETATE SANDALLANDERS

Art Correction

AUG 2.1 2017

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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: PANOPLIAN INC | Vame of Corporation | |
| DOCUMENT NUMBER: P17000064 | • | |
| The enclosed Articles of Correction and fe | ee are submitted for filing. | |
| Please return all correspondence concernir | ng this matter to the following: | |
| Caroline Molina | | |
| Name of Contact Person | | |
| CSG - Capital Services Group Inc | | |
| Firm/Company | | |
| 446 W Hillsboro Blvd | | |
| Deerfield Beach - FL 33441 | | |
| City/State and Zip Code | <u> </u> | |
| caroline@thewaygroup.biz E-mail address: (to be used for future annual report notification) | | |
| | | |
| Caroline Ferreira | at (954)427-4770 | |
| Name of Contact Person | Area Code & Dayume Telephone Number | |
| | | |
| Enclosed is a check for the following amo | 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 | |

ARTICLES OF CORRECTION

PANOPLIAN INC

P17000064186

| | يص |
|---|--|
| ARTICLES OF CORRECTION | SECTION AND A SE |
| For | |
| PANOPLIAN INC | 2 |
| Name of Corporation as currently filed with the Florida Dept. of Sta | ite |
| P17000064186 Document Number ((Tknown) | - |
| ursuant to the provisions of Section 607.0124 or 617.0124, Florida States Articles of Correction within 30 days of the file date of the docum | atutes, this corporation files tent being corrected. |
| hese articles of correction correct REGISTERED AGENT ADDRESS AND V | ICE PRESIDENT NAME |
| led with the Department of State on 07/31/2017 (File Date of Document) | onected) |
| specify the inaccuracy, incorrect statement, or defect: | |
| Registered Agent City Address - Deerfield BECAH | |
| | |
| Vice President - MÃRCIA Cavati | |
| | |
| | |
| | |
| Correct the inaccuracy, incorrect statement, or defect: The correct city for the Registered Agent is: DEERFIE | ELD BEACH |
| The correct name for the VP is: MÁRCIA CAVATI | |
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| | |
| Mun. | |
| (Sighture of a director/president or other officer - if directors or officer not been selected, by an incorporator - if in the hands of the receiver, to other court appointed fiduciary, by that fiduciary.) | |
| Marcia Cavati | V.P. |
| (Typed or printed name of person signing) | (Title of person signing) |
| Filing Fee: \$35.00 | Vice President |