

P17000065139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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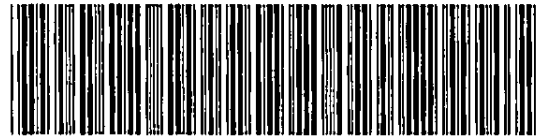
(Business Entity Name)

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2017 AUG 11 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art Correction

AUG 15 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOCO TECHNOLOGIES CORPORATION
Name of Corporation

DOCUMENT NUMBER: P17000065739

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

Please return all correspondence concerning this matter to the following:

LOUANA OLIVERIA
Name of Contact Person

AVROS CORPORATION
Firm/Company

806 VERONA STREET #1 UNIT 01
Address

KISSIMMEE, FL 34741
City/State and Zip Code

louana@avros.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louana Oliveira at (954) 774 4423
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

FOCO TECHNOLOGIES CORPORATION

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

P17000065739

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 NAME OF PRESIDENT / DIRECTOR

(Document Type Being Corrected)

filed with the Department of State on July 31, 2017

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

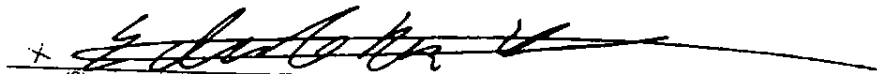
NAME OF PRESIDENT / DIRECTOR MISSING ONE LETTER

Correct the inaccuracy, incorrect statement, or defect:

CORRECT NAME IS: KEN HABE, EDUARDO (A)
KEN HABE, EDUARDO (D)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED



(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.)

EDUARDO KEN HABE

(Typed or printed name of person signing)

PRESIDENT / DIRECTOR

(Title of person signing)

Filing Fee: \$35.00