P11000091258

(Requestor's Name)		
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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: CHANGE EFF	ECTIVE DATE OF CORPORATION
DOCUMENT NUMBER: P1700	0091258
The enclosed Articles of Correction and fe	ee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
APRIL SAUTER Name of Contact Person	
SALTER MITCHELL	PR INC
117 5 GADSDEN	ST.
TAWAHASSEE TO City/State and Zip Code	32301
E-mail address: (to be used for future annual re	thell pricom
For further information concerning this ma	atter, please call:
APRIL SALTER Name of Contact Person	at (SSO) 681-300 Area Code & Daytime 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 Evecutive Center Circle
THE THE TRANSPORT OF TH	AND LEVOCHING LANGE CIRCLE

Tallahassee, FL 32301

ARTICLES OF CORRECTION

For 20
SAUTER MITCHELL PR INC 350 Name of Corporation as currently filed with the Horida Dept. of State
P1700091358 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 ARTICLES OF INCORPORATION (Exerument Type Being Corrected)
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
CHANGE THE EFFECTIVE DATE TO NOV 15,2017
EFFECTIVE DATE IS NOW LISTED AS 1/1/2018
Correct the inaccuracy, incorrect statement, or defect:
CHANGE EFFECTIVE DATE TO NOV 15, 2017
(Signatury 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.)
APRIL SAUTER (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00