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COVER LETTER

2018 FEB 20 AH M.

TO: Amendment Section Division of Corporations

SUBJECT: SOUTHEN HATRLENES, INC DOCUMENT NUMBER: <u>**P18000014471</u></u></u>**

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

Please return all correspondence concerning this matter to the following:

PAUL SEXTON ISTYLE KG 6720 South FLOREDA AVE ART 1307 LAKELAND FL. 33813 City/State and Zip Code

<u>**I**</u><u>STYLEPROS</u><u><u>C</u><u>MAI</u><u>C</u><u>O</u><u>M</u></u>

For further information concerning this matter, please call:

PAUL SEXTON at (813) 391-609

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

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$52.50 Filing Fee, Certificate of Status & Certified Copy

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION	a the second second
For	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
SOUTHERN HATCHES 7 Name of Corporation as currently filed with the Florida Dept. of State	ENC AN DE LO
P180000 14471 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document be	this corporation files eing corrected.
These articles of correction correct <u>ARTICLES</u> OF <u>TR</u> (Document Type Being Corrected	<u>Cortol</u> ATFON
filed with the Department of State on $\frac{2-12-18}{(File Date of Boculient)}$	
Specify the inaccuracy, incorrect statement, or defect:	-0
I MISTAKENLY LISTED (NAME AS SOUTHERN HALPIINE SHOULD BE SOUTHEAST HALPLINE	OR FOR ATE
NIAME AS SOUTHERN HALPITNE	J, INC.
Correct the inaccuracy, incorrect statement, or defect:	
CORPORATE NAME SHOULD BE	,
COLPORATE NAME SHOULD BE	it
	<u> </u>
Pra	
(Signature of a dreetor, presigned where other offset - if dreetors 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.)	

TAUL D. DEXTON (Typed or printed name of person signing)

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(Title of person signing)

Filing Fee: \$35.00