P18000017060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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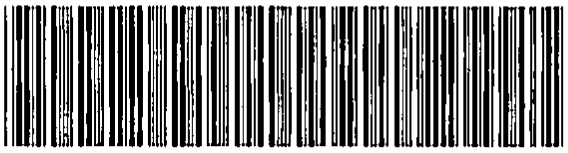

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TALLAHASSEE, FLORIDA

MAR 05 2018

T. LENNOX

AC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shuman and Associates Inc
Name of Corporation

DOCUMENT NUMBER: P18000017060

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

Please return all correspondence concerning this matter to the following:

George M. Shuman
Name of Contact Person

Shuman and Associates Inc
Firm/Company

9441 Haber ct
Address

Orlando FL 32827
City/State and Zip Code

gscurlassoc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George M. Shuman at (407) 353-0555
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

Shuman and Associates Inc

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

P18000017060

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 the name of the business.

(Document Type Being Corrected)

filed with the Department of State on 2-27-18.

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Please Change business name from Shuman and Associates Inc. to Shuman and Associates Insurance Adjusters Corp.

Correct the inaccuracy, incorrect statement, or defect:

Change name to match the IRS. Change to Shuman and Associates Insurance Adjusters Corp.

George M. Shuman

(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.)

George M. Shuman

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA

Filing Fee: $35.00