P18000080840

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: A MOMENT IN TIME WITH ROBERT GONNELL INC

Name of Corporation

DOCUMENT NUMBER: P18000080840

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

Please return all correspondence concerning this matter to the following:

DEBRA WELTER

Name of Contact Person

AA ACCOUNTING & TAXES

Firm/Company

4040 DEL PRADO BLVD S

Address

CAPE CORAL, FL 33904

City/State and Zip Code

WELTERAUDIT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBRA WELTER

. ,239

770-3797

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Contact Person

■ \$35.00 Eiling Eee

■ \$43.75 Filing Fee & Certified Copy

- □ \$43.75 Filing Fee & Certificate of Status
- □ \$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

A MOMENT IN TIME WITH ROBERT GONNELL INC

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

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 CORPORATION (Document Type Being Corrected) (File Date of Decument) Specify the inaccuracy, incorrect statement, or defect: THE COMPANY NAME IS SPELLED WRONG IT SHOULD BE AN I AT THE END OF GONNELL THANKS Correct the inaccuracy, incorrect statement, or defect: A MOMENT IN TIME WITH ROBERT GONNELLI INC

(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.)

ROBERT GONNELLI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00