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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: HOLLOMAN & SONS, INC.				
DOCUMENT NUMBER: P19000066766				
The enclosed Articles of Correction and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
BARBARA HOLLOMAN	J			
Name of Contact Person	<u> </u>			
Firm/Company				
116 GREEN PINE BOULEVARD B2				
Address				
WEST PALM BEACH, FLORIDA				
City/State and Zip Code				
BARBARA.HOLLOMAN@COMCAST.NET				
E-mail address; (to be used for future annual rep	ert notification)			
For further information concerning this man	•			
BARBARA HOLLOMAN at (561)598-1429				
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amou	nt:			
■ \$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

HOLLOMAN & SONS, INC. Name of Corporation as currently filed with the	e Flandy Pent of Style	
P190000666766	. I fortiar tzejn, vi State	
Document Number (if kno	ווזא	
Pursuant to the provisions of Section 607.0124 or 617.012 these Articles of Correction within 30 days of the file date. These articles of correction correct ARTICLES OF IN	of the document being corrected.	es
filed with the Department of State on O8/20/2019 (File Date of		
Specify the inaccuracy, incorrect statement, or defect: SECRETARY - AUBRY J. HOLLOMAN IS I	NCORRECT 2	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	- ; -
	- 100 0	л
Correct the inaccuracy, incorrect statement, or defect: SECRETARY - BARBARA J. HOLLOMAN -	CORRECT	
		
(Signature of a director, president or other officer- not been selected, by an incorporator - if in the ha other court appointed tiduciary, by that tiduciary.	nds of the receiver, trustee, or	
AUBRY V. HOLLOMAN, SR.	PRESIDENT	

Filing Fee: \$35.00

(Title of person signing)

(Typed or printed name of person signing)