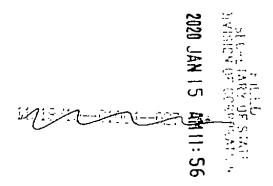
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
pies Certificates of Status
structions to Filing Officer:
8. Art. of Correction UCHARGE

Office Use Only



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Art.of Correction Williams 1/16/20

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COVER LETTER

Division of Corporations	
SUBJECT: A 1-1:00en	Smak Shop INC.
DOCUMENT NUMBER: P.200000	>0 2 % 7
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Name of Contact Person	
A Hidden Sonk	Ship
3613 S Military Trail	
Lake Worth FL 33463	 -
t-mail address (to be used for future annual jup	Mail Comport notification)
For further information concerning this mat	ter, please call:
Name of Contact Person	at (954) 558 - 0776 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF CORRECTION

For

A Hidden Smoke Shop With INC. Name of Corporation as currently filed with the Florida Dept of State	.000
Document Number of Known	
Pursuant to the provisions of Section 607.0124, Florida Statutes.	<u> </u>
These articles of correction correct Articles of Incorporation (Document Type Being Corrected)	40 II OO
filed with the Department of State on 1/6/2020	_
Specify the inaccuracy, incorrect statement, or defect:	
The Name of the business has an extra	_
The Name of the business has an extra Word in it. The word is WITH. The WITH must be removed	
must be removed	
	_
· · · · · · · · · · · · · · · · · · ·	_
Correct the inaccuracy, incorrect statement, or defect: The Name of The Lusiness Should read A Hidden Smoke Shop INC.	_
	_
(Rignature of a director, president of 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)	
Trans Lezopoi President (Typed or printed name of person signing) (Title of person signing)	_

Filing Fee: \$35.00