

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : RABIDEAU KLEIN
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
HIVE TRADE, INC**

Certificate of Status	0
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2020 FEB 21 11:03

STATE OF FLORIDA
DIVISION OF CORPORATIONS

20 FEB 21 AM 9:21

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HIVE TRADE, INC.

Name of Corporation

DOCUMENT NUMBER: P20000014507

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

Please return all correspondence concerning this matter to the following:

GUY RABIDEAU

Name of Contact Person

RABIDEAU KLEIN

Firm/Company

400 ROYAL PALM WAY, SUITE 404

Address

PALM BEACH, FL 33480

City/State and Zip Code

GRABIDEAU@RABIDEAUKLEIN.COM

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

For further information concerning this matter, please call:

GARRETT ELLIS

at (561) 655-6221

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

HIVE TRADE, INC.

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

P20000014507

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION
(Document Type Being Corrected)filed with the Department of State on 02/18/20
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAMES OF THE PRESIDENT AND DIRECTOR IS LISTED AS: SARA B MACCANN

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME OF THE PRESIDENT AND DIRECTOR IS: SARA B MCCANN



(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.)

SARA B MCCANN

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

Filing Fee: \$35.00

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CLERK OF THE COURT

STATE OF FLORIDA