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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : I20110000092 Phone : (305)448-9584 Fax Number : (305)448-9569

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
| | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN GOOD PALS CO.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 4 |
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JUL 1 8 2020

S. YOUNG

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7/10/2020 4:55:19 PM PAGE 1/001 Fax Server



July 10, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

GOOD PALS CO. 6101 US HWY 98 SEBRING, FL 33876US

SUBJECT: GOOD PALS CO. REF: P20000044063

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE STATEMENT IN YOUR DOCUMENT ... THESE ARTICLES OF CORRECTION CORRECT

(THIS LINE SHOULD CONTAIN THE FOLLOWING: Articles of Incorporation). THIS IS THE DOCUMENT TYPE BEING CORRECTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell FAX Aud. #: B20000191181

Regulatory Specialist II Supervisor Letter Number: 720A00013490

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--------------------------------|------------------------|--|
| SUBJECT: GOOD PALS CO. | | | Same and Sam |
| | Name of Corporation | | - |
| DOCUMENT NUMBER: P2000004406 | 3 | | |
| The enclosed Articles of Correction and | fee are submitted for filing | | — કર્યું લીકે કે ક |
| Please return all correspondence concer | | | |
| | imig this matter to the follow | wing: | |
| MD AMIRUL ISLAM | | | |
| Name of Contact Person | | | |
| GOOD PALS CO. | | | 13.5 |
| Firm/Company | ···· | | |
| 6101 US HWY 98 | | | |
| . Address | | | |
| SEBRING, FL 33876 | | | |
| City/State and Zip Code | | | |
| City/State and Zip Code | | | |
| : | | | |
| E-mail address: (to be used for future annual | report notification) | | |
| For further information concerning this n | natter, please call: | | |
| MD AMIRUL ISLAM | 786 277-8346 | | |
| Name of Contact Person | at () | | |
| | Alea Code Disytu | me Telephone Number | |
| | | | |
| Enclosed is a check for the following amo | nint. | | |
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| ■ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & | Certificate of Status | |
| ☐ \$43.75 Filing Fee & Certified Copy | ertificate of Status & | | |
| | Certified Copy | y . | |
| Mailing Address: | | | |
| Amendment Section | Street Ac | Idress: ent Section | |
| Division of Corporations | | of Corporations | |
| P.O. Box 6327 | The Cent | re of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. N | Monroe Street, Suite 8 | 10 |
| | Tallahace | ee El 20202 | |

ARTICLES OF CORRECTION

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| . GOOD PALS O | 70 | | |
| . GOOD PALS C | | | 77.00 |
| • | Name of Corporation as currently filed with the Florida Dept, of Su | ale | |
| • • | P20000044063 | 10 | Theres |
| • | Document Number (if known) | - O | RIFE |
| | | - | |
| Pursuant to the pro- | ovisions of Section 607.0124, Florida Statutes. | 5)* · · · | *15 |
| These articles of c | correction correct ARTICLES OF INCO | ORMORATION | 33.3 5 |
| | | orrected) | 1 |
| filed with the Dep | partment of State on 06/11/2020 | | |
| G'6 41 · | (File Date of Document) | ' | |
| Specify the maccu | tracy, incorrect statement, or defect: | | |
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| incorpo | Ration | | |
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| Correct the inaccur | racy, incorrect statement, or defect: | | |
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Filing Fee: \$35.00