P20 0000 90873

| (Requi | estor's Name) | |
|------------------------------|-----------------|-------------|
| (Addre | ss) | |
| (Addre | ·se) | |
| (was | | |
| (City/S | tate/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Busin | ess Entity Nam | e) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: RELIANCE CAP MANAGMENT IN | MC of Corporation | |
|--|--|--|
| DOCUMENT NUMBER: P20000090873 | | |
| The enclosed Articles of Correction and fee | are submitted : | for filing. |
| Please return all correspondence concerning | this matter to | the following: |
| KAREN WARR | | |
| Name of Contact Person | | _ |
| RELIANCE CAP MANAGEMENT INC | | |
| Firm/Company | · | _ |
| 1301 W EAU GALLIE BLVD STE 104 | | |
| Address | | _ |
| MELBOURNE FL, 32935 | | |
| City/State and Zip Code | | _ |
| KAREN@BOOKSNBILLING.COM | | |
| E-mail address: (to be used for future annual repo | ort notification) | _ |
| For further information concerning this mat | ter, please call: | |
| KARENIWARR | 321 | 215-4480 #151 Daytime Telephone Number |
| 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

| RELIANCE CAP MANAGMENT INC | , — , |
|---|---------------------------|
| Name of Corporation as currently filed with the Florida | Dept. of State . |
| DELIANCE CADAMANA CARENT INC | ø: |
| RELIANCE CAP MANAGMENT INC | , |
| Document Number (if known) | |
| Pursuant to the provisions of Section 607.0124, Florida Statutes | |
| | |
| These articles of correction correct ARTICLES OF INCORPORATION | ype Being Corrected) |
| (Inculient I | ype being contents |
| filed with the Department of State on 11/13/2020 (File Date of Docume | mt) |
| Specify the inaccuracy, incorrect statement, or defect: | |
| • | |
| INCORRECT SPELLING OF NAME | |
| | |
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| | |
| Correct the inaccuracy, incorrect statement, or defect: RELIANCE CAP MANAGEMENT INC | |
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| | <u> </u> |
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| | |
| (Signature of a director, president or other officer - if director | ors or officers have |
| not been selected, by an incorporator - if in the hands of the other court appointed fiduciary, by that fiduciary.) | receiver, trustee, or |
| KAREN I WARR | INCORPORATOR |
| (Typed or printed name of person signing) | (Title of person signing) |

Filing Fee: \$35.00