P21000016899

| (Requ | iestor's Name) | |
|---|----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/: | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
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articles of Cerrection

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COVER LETTER

| TO: Amendment Section Division of Corporations | <i>:</i> | |
|---|--|--|
| SUBJECT: | Name of Corporation | |
| DOCUMENT NUMBER: P21000016899 | Name of Corporation | |
| The enclosed Articles of Correction and for | ee are submitted for filing. | |
| Please return all correspondence concerni | ing this matter to the following: | |
| CHRISTOPHER MICHAEL COMINS JR. | | |
| Name of Contact Person | | |
| | | |
| Firm/Company | | |
| 1501 PINE AVE | | |
| ORLANDO, FL 32824 | | |
| City/State and Zip Code | | |
| chris@pipesupportsplus.com | | |
| E-mail address: (to be used for future annual r | report notification) | |
| For further information concerning this m | natter, please call: | |
| christopher m. comins jr. | 407 624-9312 at () | |
| Name of Contact Person | at () Area Code Daytime Telephone Number | |
| | | |
| Enclosed is a check for the following amo | | |
| ■ \$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: | Street Address: | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

| PIPE SUPPORTS PLUS CORP | FILED | |
|---|---------------------------------------|--|
| Name of Corporation as currently filed with the Florida Dept. of State | -2021 APR -7 AM 8: 07 | |
| P21000016899 | ~ 0.07 | |
| Document Number (if known) | • | |
| Pursuant to the provisions of Section 617.0124, Florida Statutes, this corp Articles of Correction within 30 days of the file date of the document bei | poration files these ng corrected. | |
| These articles of correction correct ARTICLES OF INCORPORATION | | |
| filed with the Department of State on FEB. 16,2021 (File Date of Document) | | |
| Specify the inaccuracy, incorrect statement, or defect: | | |
| To correct the name of the incorporator, officer and registered agent. It is currently C | Thris Comins for all three. | |
| | · · · · · · · · · · · · · · · · · · · | |
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| | <u> </u> | |
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| | | |
| | | |
| Correct the inaccuracy, incorrect statement, or defect: | Calcad Cambra ta | |
| It needs to be changed/corrected to his full name, which is as follows: Christopher N | Henael Comins Jr. | |
| Thank you. | | |
| | | |
| | P**1 | |
| | | |
| | | |
| | | |
| (Signature of a bread position other officer - if directors or officers i | bilVe. | |
| not been selected by an incorporator - it in the hands of the receiver, trust other court appointed fiduciary, by that fiduciary.) | ec, or | |
| James Stanla | | |
| James Steele CFC (Typed or printed name of person signing) | (Title of person signing) | |
| / . Mrs Mrs Mrs Mrs | | |

Filing Fee: \$35.00