(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



0004231802. articles 70 Correction

95/22/24--01002--005

25.007

A. RAMSEY MAY 22211

## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, Ft. 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY
Vincents Classic Homes, Inc.
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPY XX PHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
XX OTHER Articles of Correction
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE_5/21/24TIME
Notes:

## ARTICLES OF CORRECTION

FILED

For

20:01 MA 12 YAH ARIO

(Title of person signing)

VINCENTS CLASSIC HOMES, INC.		2024 MAI 21
_	Name of Corporation as currently filed with the Florida Dept. of State	CHASSES.
	P24(XXX)33441	110
	Document Number (if known)	
Pursuant to the provi	isions of Section 607.0124, Florida Statutes.	
These articles of cor	rection correct P24000033441	
These afficies of con	(Document Type Being Corrected	,
filed with the Denart	ment of State on	
The war are isopare	(File Date of Document)	•
Specify the inaccura	cy, incorrect statement, or defect:	
OFFICER TITLE IS VI		
<del></del>		
	<u> </u>	
<del></del>	<del></del>	
Correct the inaccurac	ey, incorrect statement, or defect:	
OFFICER/DIRECTOR	SHOULD BE: PRESIDENT	
<del></del>		<del> </del>
		<del></del>
	•	
<del></del>		
_	(Signature of a director, and only and only if directors or officers have	<u></u>
	not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	most count appointed reductary, by that findiciary.)	
Garland Shields	Presiden	l

Filing Fee: \$35.00

(Typed or printed name of person signing)