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Amendment Section

Division of Corporations PriVID Eye Systems Corporation DOCUMENT NUMBER The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Valerie Sattler Name of Contact Person Innuvo Inc. Firm/Company 3300 Corporate Avenue, Suite 116 Address Weston, FL 33331 City/State and Zip Code vsattler@privid-eye.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valerie Sattler Name of Contact Person 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: Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF CORRECTION

For	
PriVID Eye Systems Corp. Which Uniged Name to "INNUVO Inc. Name of Corporation as currently filed with the Florida Dept. of State	
P94000070394	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.	
These articles of correction correct Amendment to the Articles of Incorporation, (Document Type Being Corrected)	
filed with the Department of State on December 13, 2016 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect: The original document shows the Effective Date of the name change as	
December 1, 2017. This date is incorrect.	
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Correct the inaccuracy, incorrect statement, or defect:	ر
The Effective Date of the name change should be January 1, 2017.	
(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 count appointed fiduciary, by that fiduciary.)	
Michael Spring (Typed or printed name of person signing) (Title of person signing)	

Filing Fee: \$35.00