

P9400008895/

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMCO EQUIPMENT LEASING GROUP INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000088951

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARL I RUBIN  
(Name of Person)

COMCO EQUIPMENT LEASING GROUP INC.  
(Name of Firm/Company)

10450 LAKE VISTA CIRCLE  
(Address)

BOCA RATON, FL 33498  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARL RUBIN at ( 561 ) 939-2450  
(Name of 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, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF CORRECTION

for

COMCO EQUIPMENT LEASING GROUP INC.

Name of Corporation as currently filed with the Florida Dept. of State

P94000088951

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 2005 FOR PROFIT CORPORATION ANNUAL REPORT  
(Document Type)

filed with the Department of State on 1/26/2005  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CHANGE THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS To:

10450 LAKE VISTA CIRCLE

BOCA RATON, FL 33498

Correct the inaccuracy, incorrect statement, or defect:

CHANGE THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS TO:

10450 LAKE VISTA CIRCLE

BOCA RATON, FL 33498



(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 court appointed fiduciary, by that fiduciary.)

CARL I RUBIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**

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05 FEB 21 PM 12:26  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA