

PO 7000027843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

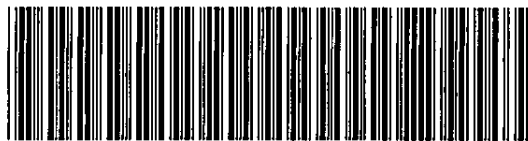
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Articles 2
corrected/NC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IBANEZ WINDOWS & DOORS INC
(Name of Corporation)

DOCUMENT NUMBER: P07000027843

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

Please return all correspondence concerning this matter to the following:

EVELYN RODRIGUEZ
(Name of Contact Person)

AIMSONI ACCOUNTING SERVICE
(Firm/Company)

1410 NE 3 AVE
(Address)

CAPE CORAL, FL 33909
(City/State and Zip Code)

For further information concerning this matter, please call:

EVELYN RODRIGUEZ at (239) 699-0828
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

IBANEZ WINDOWS & DOORS INC

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

P07000027843

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 ARTICLES OF CORPORATION

(Document Type Being Corrected)

filed with the Department of State on MARCH 2, 2007

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

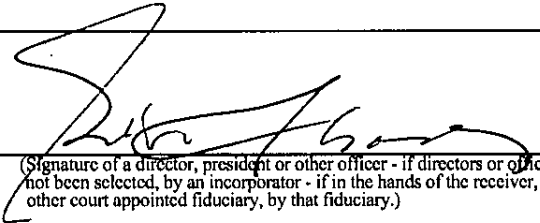
NAME OF CORPORATION IS WRONG IN

ARTICLE ONE: IBANEZ WINDOWS & DOORS INC

THE CORRECT NAME IS:

IBANEZ WINDOWS & MORE INC

Correct the inaccuracy, incorrect statement, or defect:


(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.)

SILVIA IBANEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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07 MAR 12 AM 10:48
TALLAHASSEE
SECRETARY OF STATE
FLORIDA