

P15000089177

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15 NOV - 9 AM 10:58

NOV 12 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CUCINA BAMBINA INC**
Name of Corporation

DOCUMENT NUMBER: **P15000089177**

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

Please return all correspondence concerning this matter to the following:

Scott Sander

Name of Contact Person

Sander & Associates, PA

Firm/Company

20900 NE 30th Ave, Ste 800

Address

Aventura, FL 33180

City/State and Zip Code

scott@sandercpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sander

Name of Contact Person

at (**786**) **787-0388**

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

15 NOV -9 AM 10:58

CUCINA BAMBINA INC

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

P15000089177

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 Incorporation**,
(Document Type Being Corrected)

filed with the Department of State on **10/29/2015**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

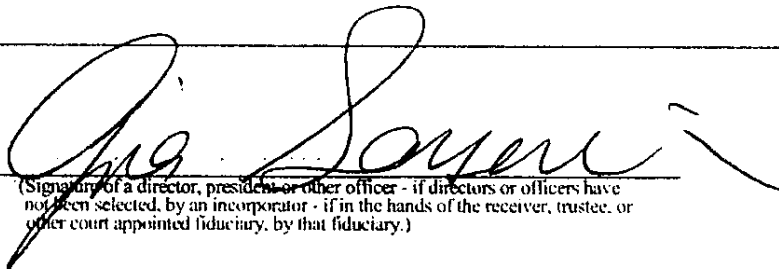
Principal Address: no Suite 203

Registered Agent Name & Address: no Suite 203

Correct the inaccuracy, incorrect statement, or defect:

Principal Address: 19710 E Country Club Dr, Aventura, FL 33180

Registered Agent Name & Address: Sansonia, Gina, 19710 E Country Club Dr, Aventura FL 33180



(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.)

Gina Sansonia

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00