

P19000013535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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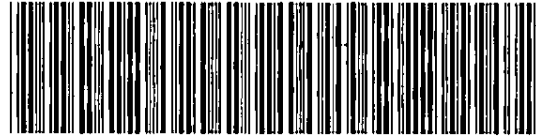
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 FEB 25 P 0 33

FILED

FEB 28 2019  
T. LEVIEUX  
FEB 28 2019  
T. LEVIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A1 SPA of Jax Inc

Name of Corporation

**DOCUMENT NUMBER:** P19000013535

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

Please return all correspondence concerning this matter to the following:

**MIN BAE**

Name of Contact Person

**MIN BAE CPA INC**

Firm/Company

**9432 BAYMEADOWS RD STE 245**

Address

**JACKSONVILLE FL 32256**

City/State and Zip Code

**minbae@comcast.net**

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

For further information concerning this matter, please call:

**MIN BAE**

Name of Contact Person

at ( 904 ) 864-2588

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

A1 SPA of Jax Inc

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

P19000013535

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 ARTILCE OF INC (Document Type Being Corrected)

filed with the Department of State on 02/08/2019 (File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF THE PRESIDENT WAS MISPELED:

WILLIAM F RITTER

Correct the inaccuracy, incorrect statement, or defect:

PRESIDENT: WILLIAM F RITZER

FILED 2019 FEB 25 P 9 33 SECRETARY OF STATE TALLAHASSEE FLORIDA

Handwritten signature of William F. Ritter

(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)

William F. Ritter

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00