

N18000003219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

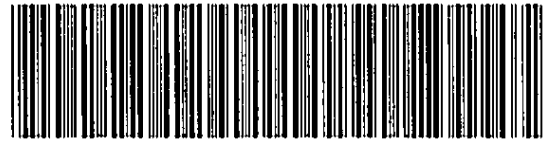
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Ord of Correction

04/12/21--01009--023 **35.00

2021 APR 12 PM 4:10

FILED

JUN 03 2021
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Ant Project Inc

Name of Corporation

DOCUMENT NUMBER: N18000003219

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

Please return all correspondence concerning this matter to the following:

Ma. Guadalupe Garcia de Quintana

Name of Contact Person

The Ant Project Inc

Firm/Company

14912 SW 74 Pl

Address

Palmetto Bay Fl, 33158

City/State and Zip Code

magugarmi@gmail.com

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

For further information concerning this matter, please call:

Ramon Quintana

Name of Contact Person

at (305)

Area Code

4956588

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

FILED
2021 APR 12 PM 4:10

The Ant Project Inc

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

N18000003219

Document Number (if known)

Pursuant to the provisions of Section 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 Registered Agent Name (original articles),
(Document Type Being Corrected)

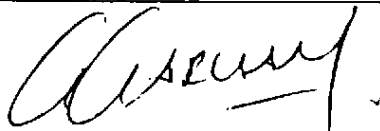
filed with the Department of State on 03/22/2018
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The Registered Agent's name is misspeled. It says: Maria Gundalup Garcia de Quintana

Correct the inaccuracy, incorrect statement, or defect:

The Registered Agent's name is: Maria Guadalupe Garcia de Quintana



(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.)

Maria Guadalupe Garcia de Quintana

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

Florida *The Sunshine State*
DRIVER LICENSE CLASS E
G623-547-66-807-0
MARIA GUADALUPE
GARCIA DE QUINTANA
14912 SW 74TH PL
PALMETTO BAY, FL 33158-0000
DOB: 08-27-1968 SEX: F
ISSUED: 07-09-2017 (H0178)
EXPIRES: 05-27-2026
REST
ENDORSE
SAFE DRIVER
Operation of a motor vehicle constitutes consent to any screening test required by law.