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(City/State/Zip/Phone #)

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(Business Entity Name)

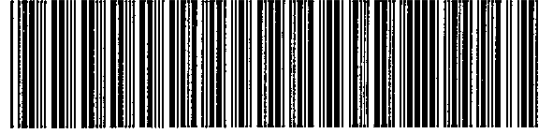
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAGNUN TRANSPORT INC

(Name of Corporation)

DOCUMENT NUMBER: P04000134847

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

Please return all correspondence concerning this matter to the following:

AUGUSTO FERREIRA

(Name of Person)

AUGUSTO FERREIRA ACCOUNTING SERVICE

(Name of Firm/Company)

195 S WESTMONTE DR SUITE G

(Address)

ALTAMONTE SPRINGS FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

AUGUSTO FERREIRA

(Name of Person)

at (407) 786-6400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$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

MAGNUN TRANSPORT, INC.

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

P04000134847

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation has filed these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct CORPORATION NAME

(Document Type)

filed with the Department of State on 09/27/04

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CORPORATION NAME

Correct the inaccuracy, incorrect statement, or defect:

CORPORATION NAME SHOULD BE: MAGNUM TRANSPORT, INC.



(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.)

ROSA RIVERA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA