

P05000147057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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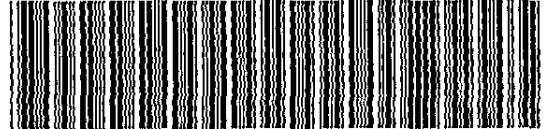
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MS PUMPING INC.

(Name of Corporation)

**DOCUMENT NUMBER:** PO5000147057

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

Please return all correspondence concerning this matter to the following:

ALEXEI MENDOZA

(Name of Contact Person)

MS PUMPING INC.

(Firm/Company)

5319 ARCHSTONE DR. APT. 208

(Address)

TAMPA, FL 33634

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXEI MENDOZA

(Name of Contact Person)

at ( 813 ) 433-6612

(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

**MS PUMPING INC.**

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

**PO5000147057**

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 **ARTICLE II, V and VII**

(Document Type Being Corrected)

filed with the Department of State on **NOVEMBER 03, 2005**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**Article II: Incorrect principal and mailing address.**

**Article V: Incorrect registered agent address.**

**Article VII: Incorrect President's address**

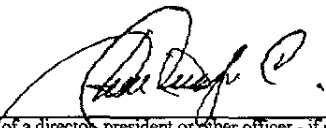
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

**All above addresses should be corrected as follows:**

**5319 Archstone Dr., Apt. 208**

**Tampa, FL 33634**

  
(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)

**ALEXEI MENDOZA**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**