

PD6000084636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

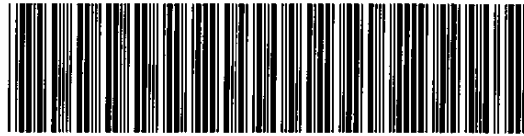
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art Director / n/c

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.B.A Construction Solutions Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000084636

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

Please return all correspondence concerning this matter to the following:

Kathleen Solomon
(Name of Contact Person)

A.B.A Construction Solutions Inc.
(Firm/Company)

18036 Stratford Blvd St.
(Address)

Orlando Fl. 32820
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Solomon at (407) 758 2030
(Name of Contact Person) (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

ABA Construction Solutions Inc.

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

PO6000084636

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

ABA

(Document Type Being Corrected)

filed with the Department of State on

June 22 2006

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name needs to be change from ABA Construction
Solutions Inc to A.B.A Construction Solutions
Inc

Correct the inaccuracy, incorrect statement, or defect:

ABA to A.B.A



(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.)

Ahmed Alkhan

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA