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TO:

Amendment Section Division of Corporations

SUBJECT: Willstay Cleaning Services, Inc (Name of Corporation) P06000099717 DOCUMENT NUMBER: The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Willie L Vegas (Name of Contact Person) Willstay Cleaning Services, Inc. 11818 Colyar Lane Parrish, Fl 34219 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status S52.50 Filing Fee, Certificate of Status & Certified Copy \$43.75 Filing Fee & Certified Copy Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

Willstay Cleaning Services, Inc Name of Corporation as currently filed with the Florida Dept. of State

P06000099717

	ARTICLES OF CORE	RECTION	OS AUG SILED ALLAHASSEE, FLORING
	for	7,	ALINE AM
Willstay Cleaning			AMASSES THE
	Name of Corporation as currently filed with the	e Florida Dept, of State	· FLORIE
<u> </u>	P06000099717 Document Number (if kno		**************************************
	Document intrines (it kno.	witi	
	of Section 607.0124 or 617.012 within 30 days of the file date		
These articles of correction	correct Company name	e and Articles of corrected)	of Inc.
filed with the Department o			
Specify the inaccuracy, inco	•		
The company name	e is not Willstay Clear	ning Services, Ir	nc., but should
be Willstay, Inc. We	are requesting a cor	rection to the C	ompany name
and Articles.			
			·····
Correct the inaccuracy, inco	arrect statement or defect		
• •	correct company na	ame.	
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	1) 10: 1/	,	
(Sign	ature of a director, president or other officer	if directors or officers have	- -
	peen selected, by an incorporator - if in the han r court appointed fiduciary, by that fiduciary.)		
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Typed or printed nam	POPA e of person signing)		le of person signing)

Filing Fee: \$35.00