## P09000011944

(Requestor's Name)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	02/26/0901022
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T. Roberts FEB 2'6' 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: USA MODEL	e Closers, Fre. (Name of Corporation)
DOCUMENT NUMBER: Po	9000011944
The enclosed Articles of Correction and	
Please return all correspondence concern	ning this matter to the following:
Soniar heper (Name of Contact Person)	
USA Mobile C	losers Inc
PO BOY 9422 (Address)	1/
Mi ami, FL 32 (City/State and Zip Code)	3194
For further information concerning this i	matter, please call:
(Name of Contact Person)	at (30T) 30/ 440 T (Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount:
\$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

SECRETARY OF STATE DIVISION OF CORPORATIONS

for

09 FEB 26 PM 2: 42

	111 2: 42
USA Mobile Closers, Inc.	
Name of Corporation as currently filed with the Florida Dept. of State	
PO 90000 11944	
Document Number (if known)	
rursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporatese Articles of Correction within 30 days of the file date of the document being correct The Articles of Correction Correct (Document Type Being Corrected)	ted.
iled with the Department of State on (File Date of Document)  (Document Type Being Corrected)  (File Date of Document)	<b>,</b>
specify the inaccuracy, incorrect statement, or defect:	
The following items are incorrect-fo	rthe
above bocument #:	
Principal Address: 955 NW 133ract,	mian Fo
Mailing Address: SAme As Above	•
Registered Agent: Bodriguez Ker	
955 NWi 33rd ct, miani, FC	
Correct the inaccuracy, incorrect statement, or defect:	
The information shouldbe.	<del></del>
Principal address: 1710 Laguna Stil	· Tampa
mailing radress POBOX 942211 Mian	MI,FC33
Resistered Agent Name: Sonial	eje
14029 NW 17th WAY miami FL	<u> 35)</u> 91
	<del>-</del>
Jan Olive	

Filing Fee: \$35.00

(Typed or printed name of person signing)

Prcs