

P10000018697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

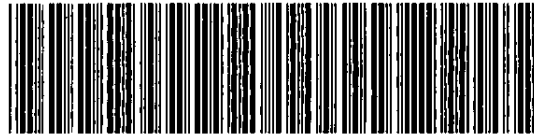
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BELVIA GROUP INC.
Name of Corporation

DOCUMENT NUMBER: P 10000018697

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

Please return all correspondence concerning this matter to the following:

CHARLES LONGA
Name of Contact Person

BELVIA COMPANY
Firm/Company

680 79TH TERRACE NORTH, UNIT #104
Address

ST. PETERSBURG, FL 33702
City/State and Zip Code

CHALONGA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES LONGA at (727) 366-1382
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

BELOVA GROUP INC.

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

P10000018697

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 ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on 03-07-2010
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

CHANGE OF ENTITY'S NAME FROM BELOVA GROUP INC.

Correct the inaccuracy, incorrect statement, or defect:

NEW NAME OF CORPORATION: BELOVA COMPANY

FILED
10 MAR 29 PM 12:34
STATE
TALLAHASSEE, FLORIDA

Charles Longa

(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.)

CHARLES LONGA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00