

P130000073764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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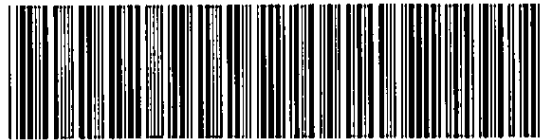
(Business Entity Name)

(Document Number)

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2021 JUL 19 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOWRY DRIVE FRUIT FARM INC.
Name of Corporation

DOCUMENT NUMBER: P13000073764

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

Please return all correspondence concerning this matter to the following:

JULIUS RILEY

Name of Contact Person

MOWRY DRIVE FRUIT FARM INC.

Firm/Company

236 SW 4 STREET

Address

HOMESTEAD, FL 33030

City/State and Zip Code

JULIUSRILEY54@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIUS RILEY

Name of Contact Person

at (305) 316-6100

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF CORRECTION

For

FILED

MOWRY DRIVE FRUIT FARM INC.

2021 JUL 19 PM 1:22

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

P13000073764

Document Number (if known)

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct NAME OF REGISTERED AGENT AND NAME OF OFFICER
(Document Type Being Corrected)

filed with the Department of State on 04/30/2021
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE REGISTERED AGENT AND PRESIDENT/OFFICER READS

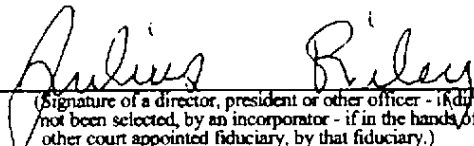
JULIUS RILEY SR. AND THE SUFFIX SHOULD BE DELETED.

Correct the inaccuracy, incorrect statement, or defect:

THE NAME OF THE REGISTERED AGENT AND PRESIDENT/OFFICER SHOULD BE

CORRECTED TO READ AS FOLLOWS:

JULIUS RILEY


(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.)

JULIUS RILEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

JULIUS RILEY
556 NW 13TH ST
FLORIDA CITY, FL 33034-2078

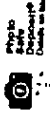
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63-751/631 10785

Date 7/11/2001

Pay to the Order of Division of Corrections \$ 35.00

XX Dollars



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For Means Out of Prison

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