

P140000068240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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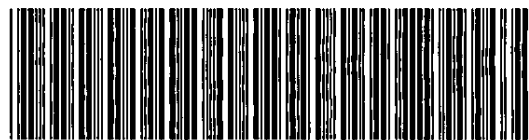
(Business Entity Name)

(Document Number)

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Art Correction
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUEEN LIMITED, INC.

Name of Corporation

DOCUMENT NUMBER: P14000068240

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

Please return all correspondence concerning this matter to the following:

LISA COGAN

Name of Contact Person

WILLIAM S. MYERS, CPA

Firm/Company

905 PARK AVE. SUITE 102

Address

ORANGE PARK, FL 32073

City/State and Zip Code

LCOGAN@WSMCPA.COM

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

For further information concerning this matter, please call:

LISA COGAN

Name of Contact Person

at (904) 215-8320

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

QUEEN LIMITED, INC.

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

P14000068240

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 FOR PROFIT CORPORATION,
(Document Type Being Corrected)

filed with the Department of State on AUGUST 15, 2014,
(File Date of Document)

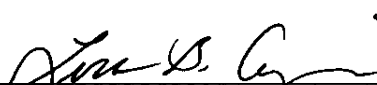
Specify the inaccuracy, incorrect statement, or defect:

ARTICLE 1 - INCORRECT CORPORATE NAME.

Correct the inaccuracy, incorrect statement, or defect:

CORRECT CORPORATE NAME SHOULD BE:

QUEEN LIMITED OF NORTH FLORIDA, INC.


(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.)

Lisa B. Cosan

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

Filing Fee: \$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -4 PM 8:45