P15000041954

_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)

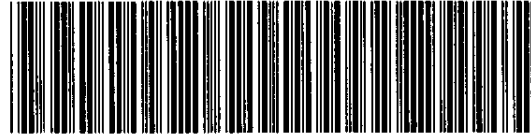☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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JUL 17 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
       Division of Corporations

SUBJECT: **ALEXPRESS TRANSPORT INC**
_____
Name of Corporation

DOCUMENT NUMBER: **P15000041954**
_____

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

Please return all correspondence concerning this matter to the following:

ILEANA M. DE CASTROVERDE
_____
Name of Contact Person

ALEXPRESS TRANSPORT INC
_____
Firm/Company

5455 SW 8 ST #220
_____
Address

MIAMI, FL 33134
_____
City/State and Zip Code

dispatchalexpress@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ileana M. De Castroverde at (**786**) **307-7293**
_____
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: **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

For

ALEXPRESS TRANSPORT, INC.

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

P15000041954

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 ___07/06/2015___

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Officer/Director Detail - NONE

Correct the inaccuracy, incorrect statement, or defect:

ADD OFFICER DETAIL

Ileana M. De Castroverde

5455 SW 8 ST

220

MIAMI, FL 33134

(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.)

___Ileana M. De Castroverde___
(Typed or printed name of person signing)

___Pres - Officer.___
(Title of person signing)

Filing Fee: $35.00