

P 15000059418

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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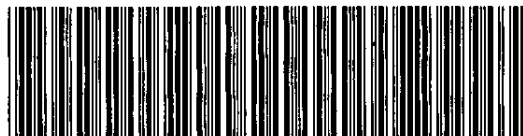
(Business Entity Name)

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFORMANCE DENT REMOVAL CORP.
Name of Corporation

DOCUMENT NUMBER: P15000059418

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

Please return all correspondence concerning this matter to the following:

PATRICIA ELAINE RODRIGUES
Name of Contact Person

Firm/Company

6220 S. ORANGE BLOSSOM TR # 100
Address

ORLANDO, FL 32809
City/State and Zip Code

patriciaer84@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA SAENZ at (407) 930-0829
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

FILED

15 AUG -3 AM 6:50

PERFORMANCE DENT REMOVAL CORP.
Name of Corporation as currently filed with the Florida Dept. of State

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

P15000059418

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 Name of Corporation
(Document Type Being Corrected)

filed with the Department of State on 07/10/2015
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Mispelling of name of the corporation when filing.

Correct the inaccuracy, incorrect statement, or defect:

Correct name: PERFORMANCE DENT REMOVAL CORP.

(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.)

PATRICIA ELAINE RODRIGUES
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

Filing Fee: \$35.00