

P15000061727

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TALLAHASSEE, FLORIDA

Cor

AUG 06 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLESSED AUTO GROUP CORP

Name of Corporation

DOCUMENT NUMBER: P15000061727

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

Please return all correspondence concerning this matter to the following:

SINTIA RAQUEL MARTINS

Name of Contact Person

BLESSED AUTO GROUP CORP

Firm/Company

4699 N DIXIE HWY SUITE 48

Address

DEERFIELD BEACH, FL 33064

City/State and Zip Code

INFO@MATTOSINSURANCE.COM

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

For further information concerning this matter, please call:

SINTIA

Name of Contact Person

at (**954**) **4156817**

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

FILED

For

15 AUG -5 AM 9: 54

BLESSED AUTO GROUP CORP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P15000061727

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 **THE NAME OF THE OWNER**
(Document Type Being Corrected)

filed with the Department of State on **08/03/2015**
(File Date of Document)

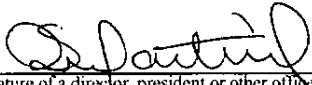
Specify the inaccuracy, incorrect statement, or defect:

THE NAME OF THE OWNER WAS FILLED WRONG.

THE NAME THAT WAS WRITTING IS MARTINS, CINTIA R

Correct the inaccuracy, incorrect statement, or defect:

RIGHT NAME IS SINTIA RAQUEL MARTINS


(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.)

SINTIA RAQUEL MARTINS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00