P15000074972

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: JOA FOOD AND BERVERAGE SERVICES Name of Corporation P15000074972 The enclosed Articles of Correction and fee are submitted for filing.

ADRIANA MORENO

Name of Contact Person

Please return all correspondence concerning this matter to the following:

WXC CORPORATION

Firm/Company

8300 NW 53RD STREET -350

Address

MIAMI, FL. 33166

City/State and Zip Code

AMORENO@WXCCORP.COM

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

For further information concerning this matter, please call:

ADRIANA MORENO	at (305	742-2187	
Name of Contact Person		Area Code &	& Daytime Telephone Number	_

Enclosed is a check for the following amount:

□ \$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

JOA FOOD AND BERVERAGE SERVICES, INC.

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

P15000074972 Document Number (if known)		
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporate these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct JOA FOOD AND BERVERAGE SERVICE (Document Type Being Corrected) SEPTEMBER 08,2015 (File Date of Document)	ion files l. <u>S</u> ,	
Specify the inaccuracy, incorrect statement, or defect: NAME WAS FILED AS "JOA FOOD AND BERVERAGE SERVICE."	ES"_	
	SECRETARY DE	2815 SEP 21 JAH
Correct the inaccuracy, incorrect statement, or defect: JOA FOOD AND BEVERAGE SERVICES	STATE	10:54
		_ _
		

(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.)

(Typed or hunted name of person signing)

(Title of person signing)

Filing Fee: \$35.00