

P15000091760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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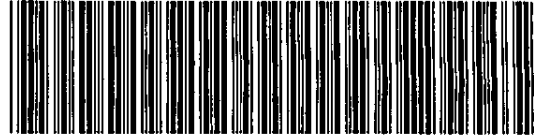
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

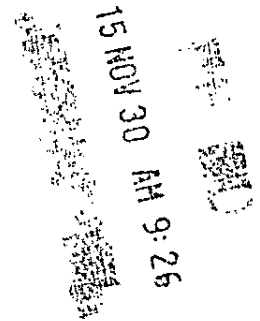
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** North America Van Line South East Division, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P15000091760

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

Please return all correspondence concerning this matter to the following:

**Bridgett Henderson**  
Name of Contact Person

**North America Van Lines**  
Firm/Company

**1109 N. Federal Highway, #8**  
Address

**Hollywood, FL 33020**  
City/State and Zip Code

**bridgett@northamericavanlines.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Bridgett Henderson** at **(954) 239-8462**  
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

**North America Van Line South East Division, Inc.**

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

**P1500091760**

Document Number (if known)

15 NOV 30 AM 9:26

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 **Florida Profit Corporation**  
(Document Type Being Corrected)

filed with the Department of State on **11/09/2015**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

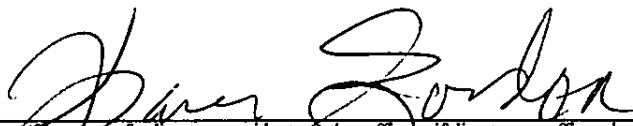
**Incorrect corporation name given in filing**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

**North America Moving Company, 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.)

**Karen Gordon**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**Filing Fee: \$35.00**