

P-14000004808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600281520016

02/01/16--01025--004 \*\*35.00

2016 FEB - 1 AM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 04 2016

C. CARROTHERS

## COVER LETTER

ATX1

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASMG SKY INC

Name of Corporation

**DOCUMENT NUMBER:** P16000004808

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

Please return all correspondence concerning this matter to the following:

SAMUEL GHATAS

Name of Contact Person

ASMG SKY INC

Firm/Company

175 LAKESIDE DR

Address

SANFORD, FL 32773

City/State and Zip Code

ORLANDOGMCENTER@AOL.COM

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

For further information concerning this matter, please call:

SAMUEL GHATAS

Name of Contact Person

at (407) 520-8300

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

ATX1

For

ASMG SKY INC

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

P16000004808

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 Florida Profit Corporation,  
(Document Type Being Corrected)

filed with the Department of State on 1/13/2016  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Title P

GHATTAS, SAMUEL

175 LAKESIDE DR

SANFORD, FL 32773

Correct the inaccuracy, incorrect statement, or defect:

Title P

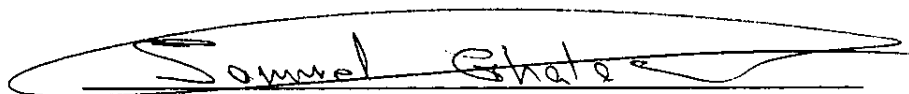
GHATAS, SAMUEL

175 LAKESIDE DR

SANFORD, FL 32773

2016 FEB - 11 AM 5:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



(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)

SAMUEL GHATAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00