

P1600048753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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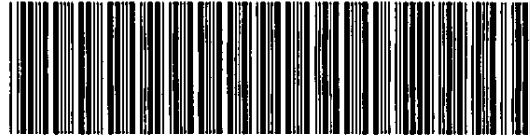
(Business Entity Name)

(Document Number)

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2016 JUN 15 PM 6:00
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TALLAHASSEE, FLORIDA

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JUN 21 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pro Services GRT, Inc.

Name of Corporation

DOCUMENT NUMBER: P16000048753

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

Please return all correspondence concerning this matter to the following:

Junior Moreira De Lima

Name of Contact Person

Firm/Company

172 Lafayette Street

Address

Fall River, MA 02723

City/State and Zip Code

lp1universal@yahoo.com

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

For further information concerning this matter, please call:

Junior Moreira De Lima at **(321) 402-5546**

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

PRO SERVICES GRT, INC

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

P16000048753

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 **6/2/16**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME SHOULD READ AS FOLLOWS:

PRO SERVICES JRT, INC.

2016 JUN 15 PM 6:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Correct the inaccuracy, incorrect statement, or defect:

(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.)

JUNIOR MOREIRA DE LIMA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00