

P16000051643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

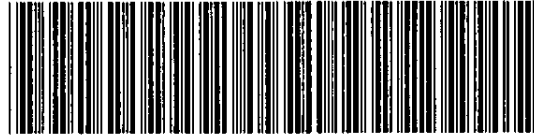
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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIA'S CRAB HOUSE INC

Name of Corporation

DOCUMENT NUMBER: P16000051643

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

Please return all correspondence concerning this matter to the following:

CHRISTINA TORRES

Name of Contact Person

Firm/Company

3824 CASSLEBERRY DRIVE

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

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

For further information concerning this matter, please call:

CHRISTINA TORRES

Name of Contact Person

at

(850) 980-7643

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

APPROVED
AND
FILED

ARTICLES OF CORRECTION

16 JUL 25 PM 2:24

For

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIA'S CRAB HOUSE INC

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

P16000051643

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 ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on 06/13/2016
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

PRINCIPAL PLACE OF ADDRESS AND MAILING ADDRESS HAVE
INCORRECT CITY LISTED AS TALLAHASSEE.

Correct the inaccuracy, incorrect statement, or defect:

PRINCIPAL PLACE AND MAILING ADDRESS OF BUSINESS -
1713 N ALBANY AVE
TAMPA, FL 33607



(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.)

CHRISTINA TORRES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00