

P16000056858

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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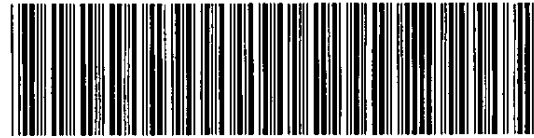
(Business Entity Name)

(Document Number)

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Articles of Correction

AUG 02 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANY & ALL 4 YOU CORP

Name of Corporation

DOCUMENT NUMBER: P16000056858

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

Please return all correspondence concerning this matter to the following:

ANDREA AGUDELO

Name of Contact Person

Firm/Company

9434 LEATHERWOOD AVE

Address

TAMPA, FL, 33647

City/State and Zip Code

wilmaristi@hotmail.com

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

For further information concerning this matter, please call:

ANDREA AGUDELO at **(813) 598-8287**

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF CORRECTION

For

ANY & ALL 4 YOU CORP

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

P16000056858

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 **P16000056858**

(Document Type Being Corrected)

filed with the Department of State on **July 7th 2016**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Officer / Director

Title: **P**

Name: **AGUDELO, ANDREA**

Correct the inaccuracy, incorrect statement, or defect:

Officer / Director

Title: **P**

Name: **JULIAN ANDRES LOPEZ**

X

(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.)

JULIAN ANDRES LOPEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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