# P16000066183

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## **COVER LETTER**

TO: Amendment Section Division of Corporations WIRELESS & COMPUTER REPAIR INC **DOCUMENT NUMBER:** P16000066183 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KATY Y. OLIVA-ANARIBA Name of Contact Person WIRELESS & COMPUTER REPAIR INC Firm/Company 4227 BEE RIDGE RD SARASOTA, FL 34233 E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: KATY Y OLIVA-ANARIBA at (941) 536-7091

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

### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$43.75 Filing Fee & Certified Copy

#### **Street Address:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$52.50 Filing Fee, Certificate of Status &

Certified Copy

# ARTICLES OF CORRECTION

For

# WIRELESS & COMPUTER REPAIR INC

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

P16000066183	
Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this these Articles of Correction within 30 days of the file date of the document being	s corporation files g corrected.
These articles of correction correct PROFIT ARTICLES OF INCORPC	RATION,
filed with the Department of State on O8-09-16  (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect: INCORRECT NAME OF REGISTERED AGENT, INCORPO	RATOR AND
OFFICER.	
	产兴 2
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	533 Z
Correct the inaccuracy, incorrect statement, or defect:	
THE CORRECT NAME FOR THE REGISTERED AGENT, C	DFFICER AND
INCORPORATOR SHOULD BE:	57 9
KATY Y. OLIVA-ANARIBA	
(Signature of a director, president of 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.)	-

(Typed or printed name of person signing)

KATY Y OLIVA-ANARIBA

**PRESIDENT** 

(Title of person signing)

Filing Fee: \$35.00