

P16000067835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

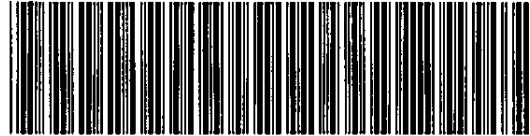
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700289179317

08/24/16--01014--003 **35.00

CLERK OF STATE
TALLAHASSEE, FL 32304

2416 AUG 24 AM 10:22

FILED

SEP 08 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASZ ENTERPRISES OF PLANT CITY, INC.
Name of Corporation

DOCUMENT NUMBER: P16000067835

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

Please return all correspondence concerning this matter to the following:

OSMAN GANI

Name of Contact Person

ASZ ENTERPRISES OF PLANT CITY, INC.

Firm/Company

5110 US HWY 92

Address

PLANT CITY, FL 33563

City/State and Zip Code

delifoodstore5110@gmail.com

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

For further information concerning this matter, please call:

OSMAN GANI

Name of Contact Person

at (**813**) **270-0023**

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

ASZ ENTERPRISES OF PLANT CITY, INC.

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

P16000067835

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 **P16000067835**
(Document Type Being Corrected)

filed with the Department of State on **08/15/2016**
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

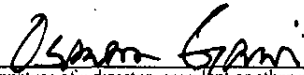
Incorrect physical and mailing addresses are:

5110 US HWY 29 WEST PLANT CITY, FL 33563

Correct the inaccuracy, incorrect statement, or defect:

Correct Physical and Mailing addresses are:

5110 US HWY 92, PLANT CITY, FL 33563


(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.)

OSMAN GANI

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

2016 AUG 21 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED