

DEC 29 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALBA DESIGNS CORPORATION
Name of Corporation

DOCUMENT NUMBER: PI6000095898

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

Please return all correspondence concerning this matter to the following:

ANDRES E. LOZANO

Name of Contact Person

[Signature]
Firm/Company

4530 SW 68th. COURT CR. #10
Address

MIAMI, FL 33155
City/State and Zip Code

ANDRESELOZANO@gmail.com

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

For further information concerning this matter, please call:

ANDRES E LOZANO

Name of Contact Person

at (234) 770-0408

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

ALBA DESIGNS CORP

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

716 000095898

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 CORPORATE NAME,
(Document Type Being Corrected)

filed with the Department of State on 12/05/16,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

NAME OF THE CORPORATION IS NOT CORRECT.

ALBA DESIGN ~~X~~ CORP

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT NAME IS:

ALBA DESIGN CORPORATION

(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.)

ANDRES E. LOZANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00