

P/7000026339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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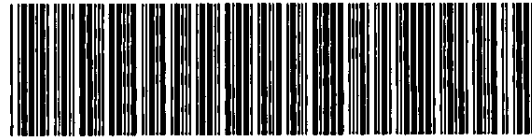
(Business Entity Name)

(Document Number)

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2017 APR -4 P 3 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OTC & QUALITY DISTRIBUTION CORP

Name of Corporation

DOCUMENT NUMBER: P17000026339

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

Please return all correspondence concerning this matter to the following:

FARAH M. CRUZ

Name of Contact Person

FAIL SAFE ACCOUNTING LLC

Firm/Company

20 SOUTH ROSE AVE SUITE 4

Address

KISSIMMEE, FL 34741

City/State and Zip Code

LIZA@FAILSAFETAX.COM

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

For further information concerning this matter, please call:

FARAH CRUZ

Name of Contact Person

at (**407**) **201-7988**

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

OTC & QUALITY DRISTRIBUTION CORP

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

P17000026339

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, the 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 **03/21/2017**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

I MISSPELLED THE WORD DISTRIBUTION IN THE NAME OF THE COMPANY.

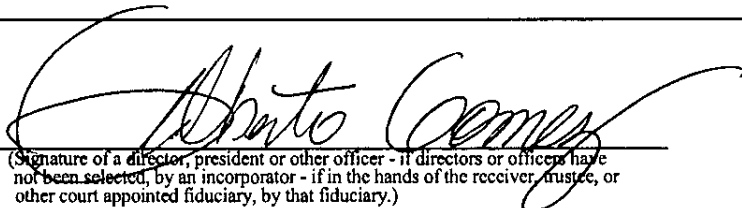
I REGISTERED IT AS OTC & QUALITY DRISTRIBUTION CORP

ONE OF THE OFFICERS IS LISTED AS MARIA JOVITA GOMEZ

Correct the inaccuracy, incorrect statement, or defect:

THE NAME OF THE COMPANY SHOULD BE OTC & QUALITY DISTRIBUTION CORP

THE NAME OF THE OFFICER SHOULD BE MARIA JOVITA GOMEZ SUAREZ



(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.)

Gilberto Gomez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00

FILED
2017 APR - 24 PM 3:15
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TALLAHASSEE, FLORIDA