

P17000030615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

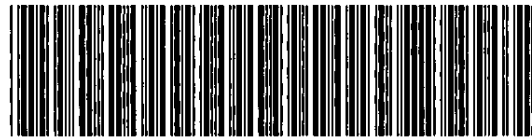
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800298268098

04/24/17--01036--021 **35.00

FILED
2017 APR 24 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Am Correction

APR 28 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAITH LOVE S & A INC

Name of Corporation

DOCUMENT NUMBER: P17000030615

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

Please return all correspondence concerning this matter to the following:

NOAH MOMPOINT

Name of Contact Person

TAX RESOURCE CENTER

Firm/Company

20401 NW 2 AVE SUITE 103

Address

MIAMI FLORIDA 33169

City/State and Zip Code

TAXRESOURCECENTER@HOTMAIL.COM

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

For further information concerning this matter, please call:

NOAH MOMPOINT at **(305) 652-4300**

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

ARTICLES OF CORRECTION

For

FAITH LOVE S & A INC

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

P17000030615

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 **ARTICLES FOR INCORPORATION**,
(Document Type Being Corrected)

filed with the Department of State on **04/03/2017**,
(File Date of Document)

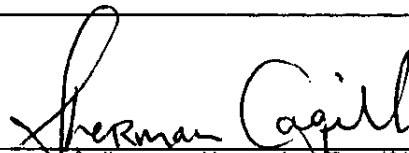
Specify the inaccuracy, incorrect statement, or defect:

CARGILL, C CARGILL

FILED
2017 APR 24 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

CARGILL, C ALLISON



(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.)

SHERMAN CARGILL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00