

PI7000089197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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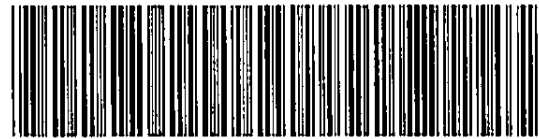
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2017 NOV 27 AM 10:15

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CC
Art Correction

NOV 29 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHORELINE QUALITY INC
Name of Corporation

DOCUMENT NUMBER: P17000089197

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO ARREGUIN
Name of Contact Person

SHORELINE QUALITY INC
Firm/Company

257 HOOVER ST
Address

NAPLES FL 34104
City/State and Zip Code

SHORELINEQS@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO ARREGUIN at (239) 784-8411
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

SHORELINE QUALITY INC.

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

P17.0000 89197

Document Number (if known)

FILED
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SECRET
TALLAHASSEE, FLORIDA

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 EFFECTIVE DATE
(Document Type Being Corrected)

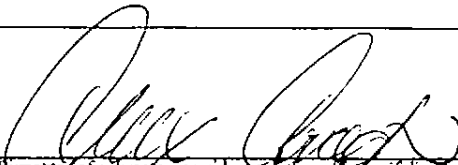
filed with the Department of State on 11/06/17
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

EFFECTIVE DATE TO START 01/01/2018

Correct the inaccuracy, incorrect statement, or defect:

EFFECTIVE DATE TO START 11/20/2017


(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.)

ALEJANDRO ARREGUIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00