

917000092497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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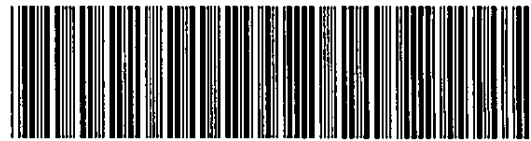
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(Document Number)

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T. LEMAY

DEC 06 2017

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LUX MOVING AND STORAGE INC

Name of Corporation

**DOCUMENT NUMBER:** P17000092497

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

Please return all correspondence concerning this matter to the following:

**TRAVIS WEYENETH**

Name of Contact Person

**LUX MOVING AND STORAGE**

Firm/Company

**15807 CITRUS GROVE BOULEVARD**

Address

**LOXAHATCHEE, FL 33470**

City/State and Zip Code

**whiteglovedeliveries@gmail.com**

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

For further information concerning this matter, please call:

**TRAVIS WEYENTH** at ( **561** ) **291-4559**

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

**LUX MOVING AND STORAGE INC**

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

**P17000092497**

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 **ADDRESS**  
(Document Type Being Corrected)

filed with the Department of State on **11/16/2017**  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**1. ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

**15807 CITRUS GROVE BOULEVARD**

**LOXAHATCHEE, FL 33470**

**2. ADDRESS OF REGISTERED AGENT**

**15807 CITRUS GROVE BOULEVARD**

**LOXAHATCHEE, FL 33470**

Correct the inaccuracy, incorrect statement, or defect:

**1. ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

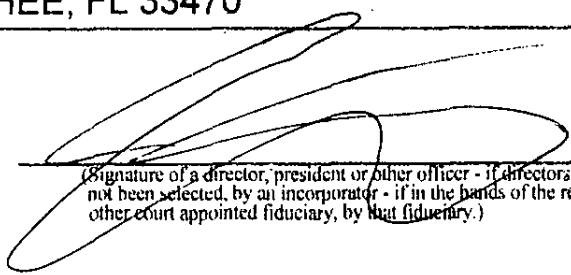
**15807 CITRUS GROVE BOULEVARD**

**LOXAHATCHEE, FL 33470**

**2. ADDRESS OF REGISTERED AGENT**

**15807 CITRUS GROVE BOULEVARD**

**LOXAHATCHEE, FL 33470**

  
(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.)

**JACOB KALMOWICZ**

(Typed or printed name of person signing)

**PREPARED**

(Title of person signing)

**Filing Fee: \$35.00**

2017 DEC - 4 P 11

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