

P17000092809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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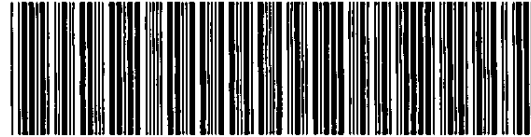
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Correction of last name of officer, agent and incorporator.

Name of Corporation

DOCUMENT NUMBER: P17000092809

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

Please return all correspondence concerning this matter to the following:

Christian O Matos Mauad

Name of Contact Person

National Surgical Services Corporation

Firm/Company

954 sw 4 st. Ste 02.

Address

Miami, FL 33130

City/State and Zip Code

christian6001@hotmail.com

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

For further information concerning this matter, please call:

Cosette Bolanos

Name of Contact Person

at (**786**) **346-5056**

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

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ARTICLES OF CORRECTION

For

NATIONAL SURGICAL SERVICES CORPORATION

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

P17000092809

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 of Incorporation**

(Document Type Being Corrected)

filed with the Department of State on **11/20/2017**

(File Date of Document)

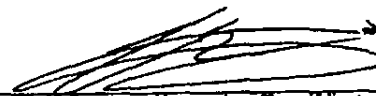
Specify the inaccuracy, incorrect statement, or defect:

Incorrect lastname (MAUAO) of the registered agent, Incorporator and President of the Corporation.

Correct the inaccuracy, incorrect statement, or defect:

Please correct the lastname to MAUAD.

The correct name and lastname is CHRISTIAN OSCAR MATOS MAUAD


(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.)

CHRISTIAN O MATOS MAUAD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00