

P18000021925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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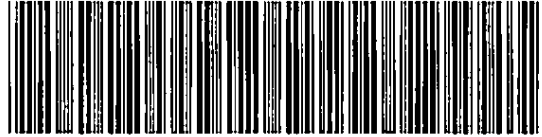
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alvin Florence, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P18000021925

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

Please return all correspondence concerning this matter to the following:

**Jeffrey Washington**

Name of Contact Person

**Alvin Florence, Inc.**

Firm/Company

**70 Dix Ave.**

Address

**Ormond Beach FL 3217**

City/State and Zip Code

**aflorenceservices@outlook.com**

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

For further information concerning this matter, please call:

**Jeffrey Washington** at ( **607** ) **222-4651**

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

AlvinFlorence, Inc

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

P18000021925

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 Electronic Article of Incorporation,  
(Document Type Being Corrected)

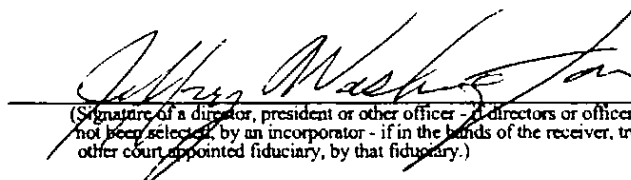
filed with the Department of State on March 06, 2018.  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Corporation Name to be changed to: Alvin Florence, Inc.

Correct the inaccuracy, incorrect statement, or defect:

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MAR 19 PM 3:15  
TALLAHASSEE, FLORIDA

  
(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.)

Jeffrey Washington

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00