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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 20 2018

S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PINOCCHIO LEARNING CENTER, INC  
Name of Corporation

**DOCUMENT NUMBER:** P18000047900

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

Please return all correspondence concerning this matter to the following:

**LEYVIS ARTEAGA JIMENEZ**

Name of Contact Person

**PINOCCHIO LEARNING CENTER, INC**

Firm/Company

**3303 W ST LOUIS ST**

Address

**TAMPA, FL 33607**

City/State and Zip Code

**TAMPAMULTISERVICES-INC@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**LEYVIS ARTEAGA JIMENEZ**

Name of Contact Person

at ( **813** ) **532-0843**

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

**PINOCCHIO LEARNING CENTER, INC**

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

**P18000047900**

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 **05/24/2018**,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE VII: THE INITIAL OFFICER(S) AND /OR DIRECTOR OF THE CORPORATION IS/ARE:

TITLE: P LEYVIS ARTEAGA JIMENEZ

3303 W LOUIS ST TAMPA, FL 33607 US

TITLE: VP, S MANUEL S AROSTEGUI FONT

3303 W LOUIS ST TAMPA, FL 33607 US

TITLE: D MAXIMO E LEIVA ARTEAGA 3303 W LOUIS ST TAMPA, FL 33607

Correct the inaccuracy, incorrect statement, or defect:

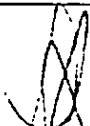
TITLE: P LEYVIS ARTEAGA JIMENEZ

3303 W ST LOUIS ST TAMPA, FL 33607 US

TITLE: VP, S MANUEL S AROSTEGUI FONT

3303 W ST LOUIS ST TAMPA, FL 33607 US

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TALLAHASSEE, FLORIDA  
DEPT. OF STATE



(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.)

**LEYVIS ARTEAGA JIMENEZ**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)

**Filing Fee: \$35.00**