

P180000 75295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

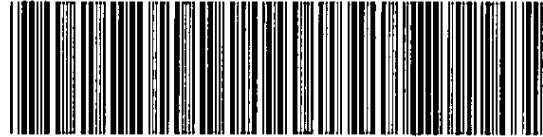
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Correction
w/ Name Change

10/6/20

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

EMERALD KNIGHT SAFETY SOLUTION, INC.

SUBJECT: _____
Name of Corporation

P18000075295

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

FERNANDO PEREDA

Name of Contact Person

EMERALD KNIGHT SAFETY SOLUTIONS, INC.

Firm/Company

2391 NW 104 TER

Address

MIAMI, FLORIDA 33147

City/State and Zip Code

P6FERNANDO@GMAIL.COM

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

For further information concerning this matter, please call:

FERNANDO PEREDA

786

426-3149

at (_____)

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

EMERALD KNIGHT SAFETY SOLUTIONS, INC.

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

P18000075295

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

09/05/2018

filed with the Department of State on _____

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

EMERALD KNIGHT SAFETY SOLUTIONS, INC. (KNIGHT)

Correct the inaccuracy, incorrect statement, or defect:

EMERALD KNIGHTS SAFETY SOLUTIONS, INC. (KNIGHTS)

(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)

FERNANDO PEREDA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
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DEPT OF STATE
TALLAHASSEE, FLORIDA