

P190000 11139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

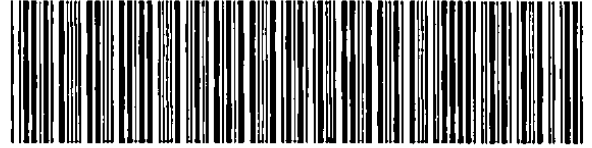
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Special Instructions to Filing Officer:

Augustine gave
Alfonso permission
to correct document

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2019 FEB 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FL

Art. of Correction
2-28-19
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOP CHOICE LAWN CARE INC

Name of Corporation

DOCUMENT NUMBER: P19000011139

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

Please return all correspondence concerning this matter to the following:

AUGUSTINE ALFONSO

Name of Contact Person

TOP CHOICE LAWN CARE INC

Firm/Company

20730 NOLAN RD

Address

LAND O LAKES, FL 34638

City/State and Zip Code

TOPCHOICEPASCO@GMAIL.COM

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

For further information concerning this matter, please call:

AUGUSTINE ALFONSO at (**813**) **693-7022**

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

TOP CHOICE LAWN CARE INC

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

P19000011139

Document Number (if known)

FILED
2019 FEB 15 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FL

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 01/31/2019, EFF. 02/01/2019
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

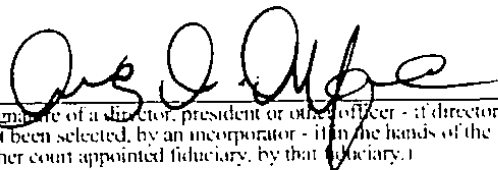
NAME OF REGISTERED AGENT: AUGUSTINE ALFONSO

NAME OF PRESIDENT: AUGUSTINE ALFONSO

Correct the inaccuracy, incorrect statement, or defect:

NAME OF REGISTERED AGENT: AUGUSTINE A. ALFONSO III

NAME OF PRESIDENT: AUGUSTINE A. ALFONSO III


(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.)

AUGUSTINE ALFONSO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)