

**P19000050 72**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : SORSHER & ASSOCIATES, LLC.  
Account Number : 120170000056  
Phone : (954)842-2931  
Fax Number : (954)842-2936

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
OPTIMAL WAY, INC.**

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OPTIMAL WAY, INC.

Name of Corporation

DOCUMENT NUMBER: P19000050724

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

Please return all correspondence concerning this matter to the following:

ELEONORA

Name of Contact Person

OPTIMAL WAY INC

Firm/Company

16699 COLLINS AVE 1908

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at ( )

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

OPTIMAL WAY, INC.

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

P19000050724

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 06/13/2019

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

FIRST NAME OF PRESIDENT AND REGISTERED AGENT HAS TYPO

Correct the inaccuracy, incorrect statement, or defect:

PLEASE CORRECT REGISTERED AGENT AND PRESIDENT NAMEFROM: ELEANORA GRYNIVETSKATO: ELEANORA GRYNIVETSKA

E.G.

(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.)

ELEANORA GRYNIVETSKA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00