

P20 0000 233 11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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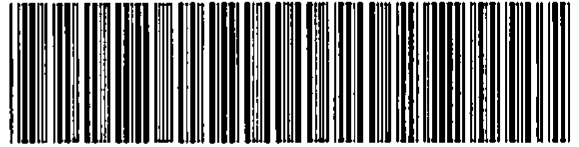
(Business Entity Name)

(Document Number)

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R. WHITE

JUN 05 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOWELS APARTMENTS INC

Name of Corporation

DOCUMENT NUMBER: P20000023311

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

Please return all correspondence concerning this matter to the following:

SHERMAN W BULLARD

Name of Contact Person

Firm/Company

1937 NW 65 STREET

Address

MIAMI, FL 33147

City/State and Zip Code

shermanbullard@yahoo.com

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

For further information concerning this matter, please call:

SHERMAN W BULLARD

Name of Contact Person

305

Area Code

606-9993

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

BOWELS APARTMENT INC

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

P20000023311

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct CORPORATION NAME,
(Document Type Being Corrected)

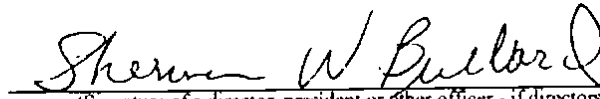
filed with the Department of State on 03/11/2020,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

BOWELS APARTMENT INC

Correct the inaccuracy, incorrect statement, or defect:

BOWLES APARTMENTS INC


(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.)

SHERMAN W BULLARD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00