

P20 000027456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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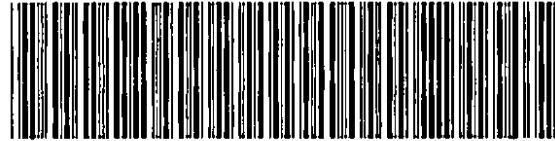
(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SUPERIOR CLEANING OF Ocala, Inc  
Name of Corporation

DOCUMENT NUMBER: P20000027456

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

Please return all correspondence concerning this matter to the following:

ANTHONY WILLIAMS  
Name of Contact Person

SUPERIOR CLEANING OF Ocala, Inc  
Firm/Company

2899 SW 66th STREET  
Address

Ocala, FL 34476  
City/State and Zip Code

ANTHONYTRAVEL2040@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY WILLIAMS at ( 352 ) 502-0205  
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

~~THE~~ SUPERIOR CLEANING OF Ocala, Inc

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

P20000027456

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct NAME ON ARTICLES OF INCORPORATION

(Document Type Being Corrected)

filed with the Department of State on 4/1/20

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

INCORRECT COMPANY NAME SHOULD BE:

SUPERIOR CLEANING

OF OCALA, INC

Correct the inaccuracy, incorrect statement, or defect:

PLEASE CHANGE COMPANY NAME ON ARTICLES  
OF INCORPORATION TO:

SUPERIOR CLEANING SERVICES OF OCALA, INC

X Anthony Williams

(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.)

ANTHONY WILLIAMS

(Typed or printed name of person signing)

REGISTERED AGENT . P

(Title of person signing)

Filing Fee: \$35.00