

P20 000062459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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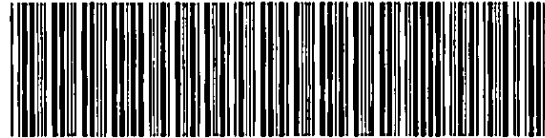
(Business Entity Name)

(Document Number)

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JAN :

2020 Dec 1 PM 3:30

Articles  
of  
Correction

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOVEBUS LOGISTICS INC  
Name of Corporation

**DOCUMENT NUMBER:** P20000062459

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

Please return all correspondence concerning this matter to the following:

ALEX DEMARCHI

Name of Contact Person

Firm/Company

625 CASA LOMA BLVD #606

Address

BOYNTON BEACH, FL 33435

City/State and Zip Code

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

For further information concerning this matter, please call:

ALEX DEMARCHI

Name of Contact Person at ( 908 ) 442-0682  
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

LOVEBUS LOGISTICS INC

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

P20000062459

\_\_\_\_\_  
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)

filed with the Department of State on \_\_\_\_\_  
AUGUST 7, 2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ADDRESS: 1499 SW 30TH AVE SUITE 19 BOYNTON BEACH, FL 33426

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

NEW ADDRESS: 625 CASA LOMA BLVD. UNIT# 606 BOYNTON BEACH, FL 33435

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(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.)

ALEX DEMARCHI

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35.00**

7:77 PM Dec 11 2020