

PAID 12/1/20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

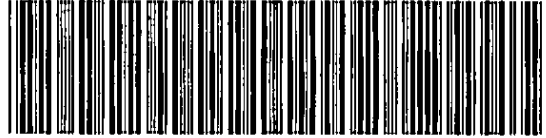
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Starliner Public Adjusters Inc

Name of Corporation

DOCUMENT NUMBER: W20000120628

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

Please return all correspondence concerning this matter to the following:

Elijah Wilson

Name of Contact Person

Starliner Public Adjusters Inc

Firm/Company

1451.W. Cypress Creek Road Suite # 300

Address

Ft.Lauderdale FL33309

City/State and Zip Code

wilson_elijah@yahoo.com

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

For further information concerning this matter, please call:

Elijah Wilson

954

8258051

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Starliner Public Adjusters Inc

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

W20000120628

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Street Address Name
(Document Type Being Corrected)

filed with the Department of State on 10/19/2020
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name on Filing Document Spelled incorrect as W Cyprus Creek Road

Correct the inaccuracy, incorrect statement, or defect:

The Correct Spelling Should Be W.Cypress Creek Road.

So the full Address is as follows 1451 W. Cypress Creek Road Suite # 300 Ft.Lauderdale FL 33309 on all
required section with Exception of the Mailing Address Which hould still Read P.O.Box 667222 Pompano Beach
FL33066.



(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.)

Elijah Wilson

(Typed or printed name of person signing)

P/D

(Title of person signing)

Filing Fee: \$35.00